

Name in Full

Certificate of Death

Charles Akehurst

Town

County

Died at

MARYLAND

Mt Washington

Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18902

12

6

Age

65

U.S

R. R. Bar

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

9

Husband

of

~~Wife~~

Martha Akehurst

Father's

Mother's

Name

Name

= 114

Cause of

Primary

Parenchymatous Hepatitis 6 months

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Morris Shanks M. D.

Address

Mt Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

St Mary's Cemetery

Dec. 9-02

A S Marshall
3537 Fall & Road

Name
in
Full

CERTIFICATE OF DEATH

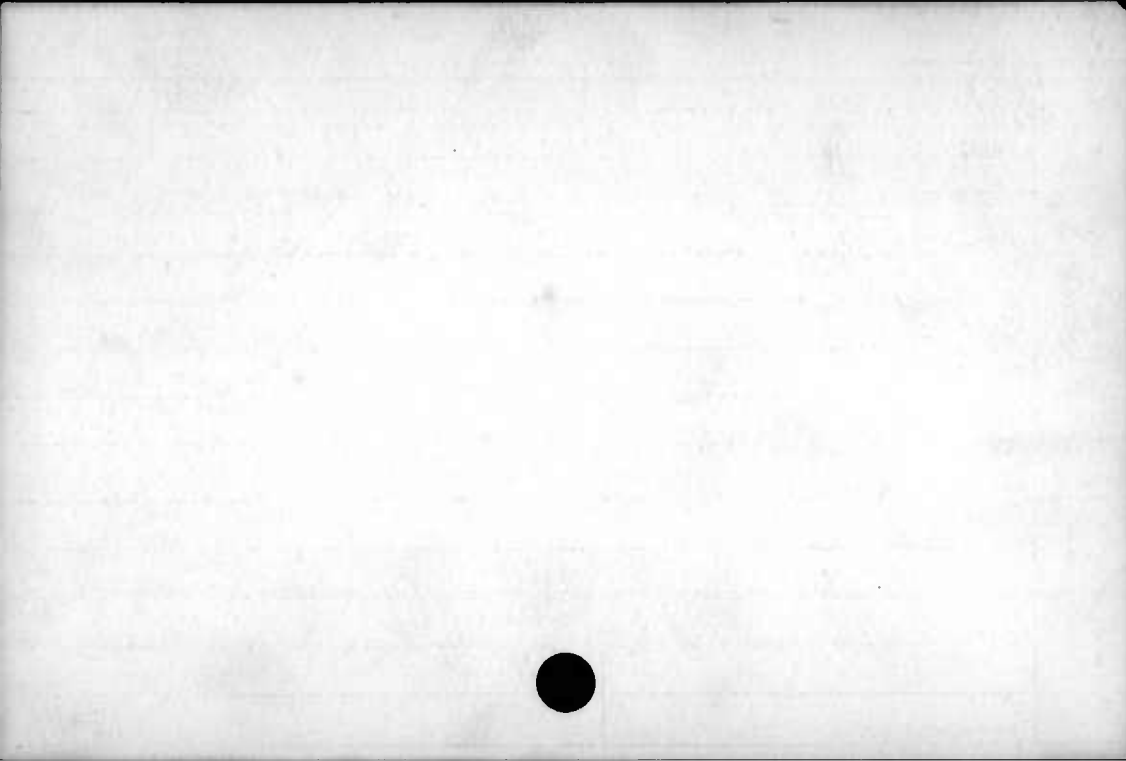
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i>		Town		<i>Baltimore</i>		County	
Date of death 190 <i>2</i>		Month <i>Dec.</i>		Day <i>28</i>		Age <i>81</i>	
Sex <i>Female</i>		Color or Race <i>White or Caucasian</i>		Birth-place <i>Penna.</i>		Months <i>8</i>	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>				Days <i>5</i>	
Name of Wife or Husband <i>Wife of Lewis Allen</i>							
Father's Name <i>Daniel Rowe</i>		Father's Birthplace <i>Penna.</i>					
Mother's Maiden Name <i>Elizabeth Stockton</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving information <i>Newton D. R. Allen</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>154</i>	How long <i>9 weeks</i>
Immediate <i>Coronary Arteriosclerosis</i>	How long <i>2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Royston Green U.S.</i>	
	Address <i>Towson Md.</i>	
Accident or Suicide? <i>No</i>		



Elizabeth Z. Baker

Died at ^{Town} Madison ^{County} Balto County MARYLAND

Date 19 04 12 1 Age 71 1/2 City —

Female White Married Widow Divorced

Single Widower Number of children living 4

Husband of W. O. G. Baker at

Wife Cochy Cochy

Father's Name Cochy Mother's Maiden Name Cochy

Cause of Primary Cerebral Hemorrhage How long sick 3 days

Death Immediate Incident Suicide Homicide

Reported by Chas. H. Riley M.D.Address 113 Madison Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George W. Baker

CERTIFICATE OF DEATH

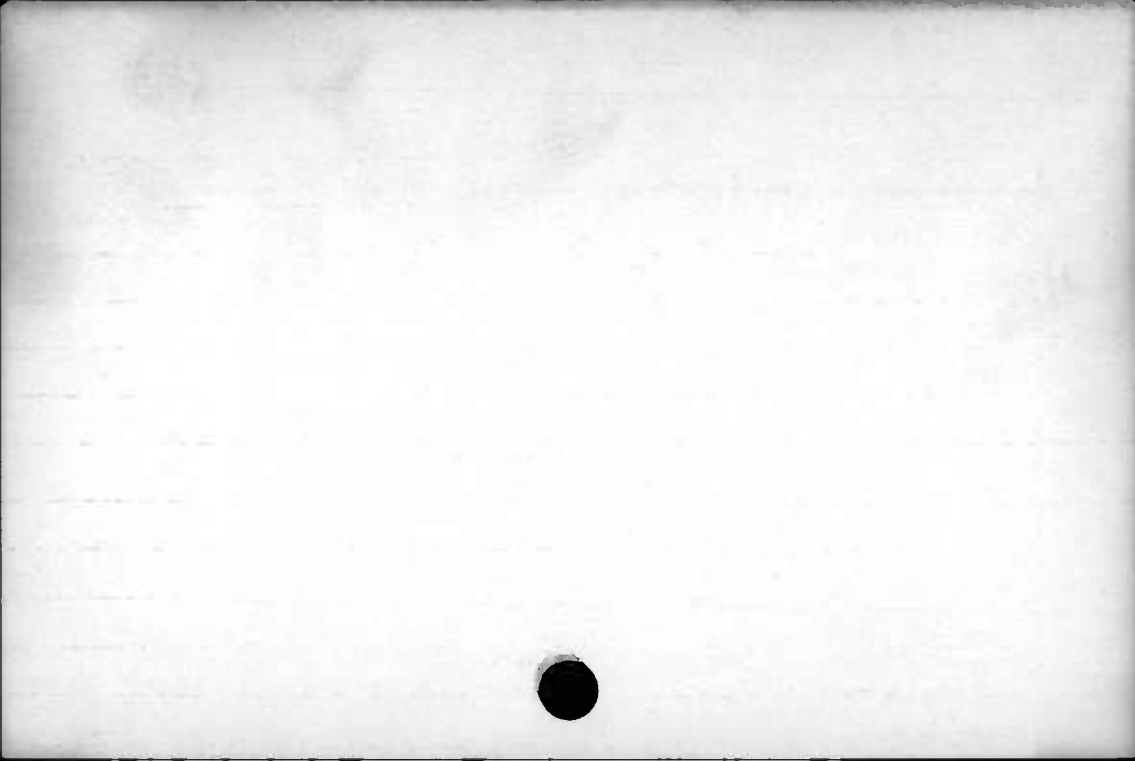
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Freeland P.O.</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1902</i>	Month <i>Dec</i>	Day <i>26</i>	Age <i>73</i>	Month <i>1</i>	Days <i>2</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Elizabeth Ann</i>					
Father's Name <i>Henry Baker</i>		Father's Birthplace <i>Baltimore Co.</i>			
Mother's Maiden Name <i>Annie Masemore</i>		Mother's Birthplace <i>Baltimore Co.</i>			
Name of person giving information <i>Elizabeth Ann Baker</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart, aortic.</i>	How long <i>9 Months</i>
Immediate <i>Cerebral Apoplexy</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Joseph D. Baldwin M.D.</i>
	Address <i>Freeland, Balto. Co.</i>
Accident or Suicide?	<i>R. F. D. # 1.</i>



Attended by Dr. _____

Seen by Coroner _____

Information contained in this certificate
received from _____

Mabel Balls

Town

County

Died at Gorantown

Baltimore

MARYLAND

Date	1902	Month	Dec	Day	1	Age	17-	Y.	M.	D.	Native of	Maryland	Occupation	Child
	Male		White			Married					Widow	Divorced		
	Female		Colored			Single					Widower		Number of children living	

Husband of

Wife

Father's

Name

John Balls

Mother's

Maiden Name

Cause of

Primary

Heart trouble

Death

Immediate

Exhaustion

79.

How long sick

about 8 weeks

~~Accident, Suicide, Homicide~~

Reported by

Dr. E. M. Duncan

Address

Gorantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Eva Winchester Baugher

Town

County

Died at

Govanstown, Balto. Co

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date ~~1899~~ Dec. 15 Age 69-10-22 Balto. Housewife
~~Male~~ White ~~Married~~ Widow ~~Single~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Wife of Late John F. Baugher
 Father's Name Hiram Winchester Mother's Name Juliet Kirkham

Cause of Primary acute Ophthalmia How long sick 1 mo
 Death Immediate " ~~Accident, Suicide, Homicide~~

Reported by J. A. Luetcker
 Address 1025 Madison Ave.
 Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frederick Rich

Townson

Mini E. Baynes

Town

County

Died at *Towson**Balto.*

MARYLAND

Date *1902* Month *12* Day *16* Age *— 2 —* Y. M. D. Native of *un* Occupation *craft*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *1*

Husband of
 Wife

Father's
 Name

Joshua L. Baynes

Mother's
 Name

Ella L. Baynes

Cause of Primary

Convulsions 71

How long sick

8 hours

Death Immediate

Cardiac Asthenia

Accident, Suicide, Homicide

Reported by

J. Baynes Green M.D.

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John T Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oregon</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>18</u>	Age <u>71</u> ^{Years}	Months <u>11</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Dont Know</u>		
Married, Single or Widowed <u>Widower</u>		Occupation <u>Laborer</u>			
Name of Wife or <u>_____</u>					
Father's Name <u>Dont Know</u>			Father's Birthplace <u>Dont Know</u>		
Mother's Maiden Name <u>Dont Know</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>George O. Beard</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary <u>Heart Disease</u>	How long <u>Immediate</u>
Immediate <u>Paralysis</u>	How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Orack MD</u>
	Address <u>Butter MD</u>
Accident or Suicide? <u>over</u>	

Body to be buried at
Stevens's Chapel
Dec 15. 1902

Name in Full

Certificate of Death

John T Black

Town

County

Died at

Gorham

Ballwin

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 8

Age

65

Scotland

Flour

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

One

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

apoplexy

Cot

How long sick

Sudden

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

J. I. C. Peckles

Address

Latherville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment at London. Park Lane.

Name
in
Full

Gertrude Dumber Bachm


CERTIFICATE OF DEATH

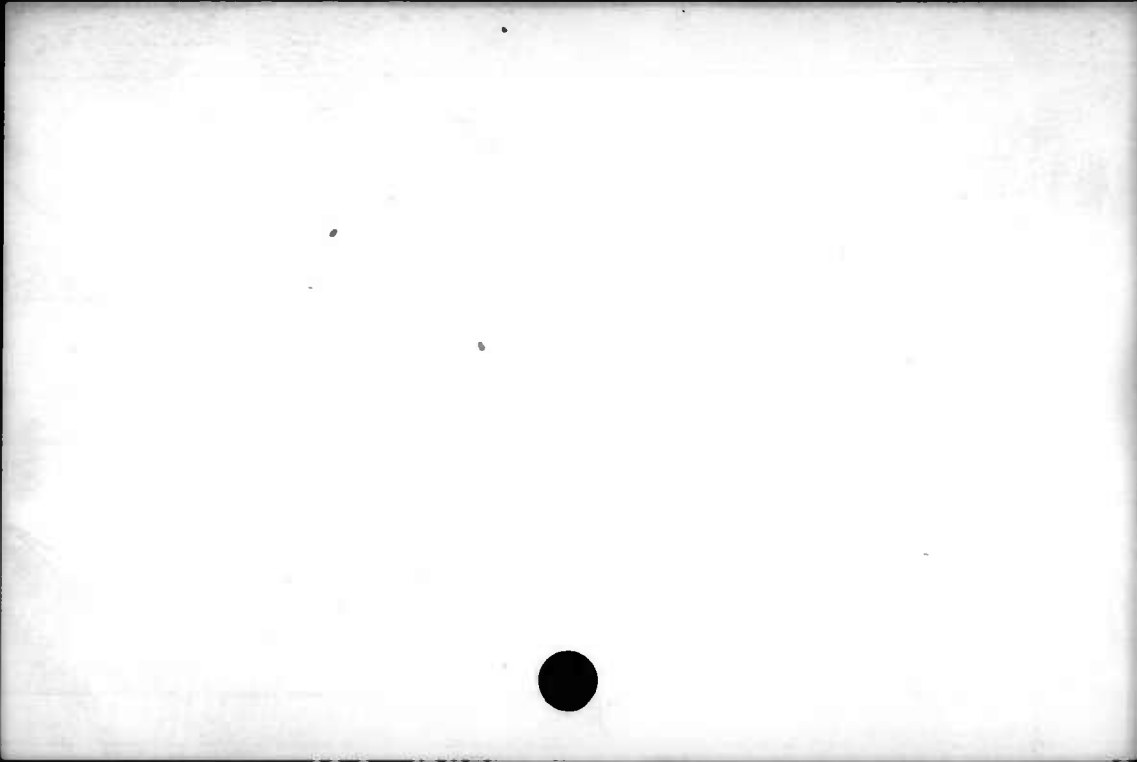
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nut Orange</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i> ^{Month} <i>Dec</i>	<i>11</i> ^{Day}	<i>74</i> ^{Years}	<i>1</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>George T Bachm</i>					
Father's Name <i>ed inter</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mrs Jos Paul</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>1 month</i>
Immediate <i>Cardiac weakness</i>	How long <i>2 or 3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edmund Jone M.D.</i>
	Address <i>Gardenville</i>
	<i>M.D.</i>
Accident or Suicide?	



Name
in
Full

Anna Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonville		County Baltimore		MARYLAND	
Date of death	1902	Month Dec	Day 4	Age 80	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Baltimore
Married, Single or Widowed				Occupation			
Name of Wife or Husband Joseph L. Boyd							
Father's Name Thomas Jones				Father's Birthplace Hales			
Mother's Maiden Name Margaret Jenkins				Mother's Birthplace "			
Name of person giving In formation Miss Boyd				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis		How long	a few hours
Immediate	"		How long	66
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. Whitney	
			Address Catonville	
Accident or Suicide?				



Elizabeth Boyd

Died at ^{Town} *Wickleyville* ^{County} *Baltimore*

MARYLAND

Date 19 *02* Month *12* Day *12* Age *69* Y. *-* M. *-* D. *-* Native of *Md* Occupation *Housewife*

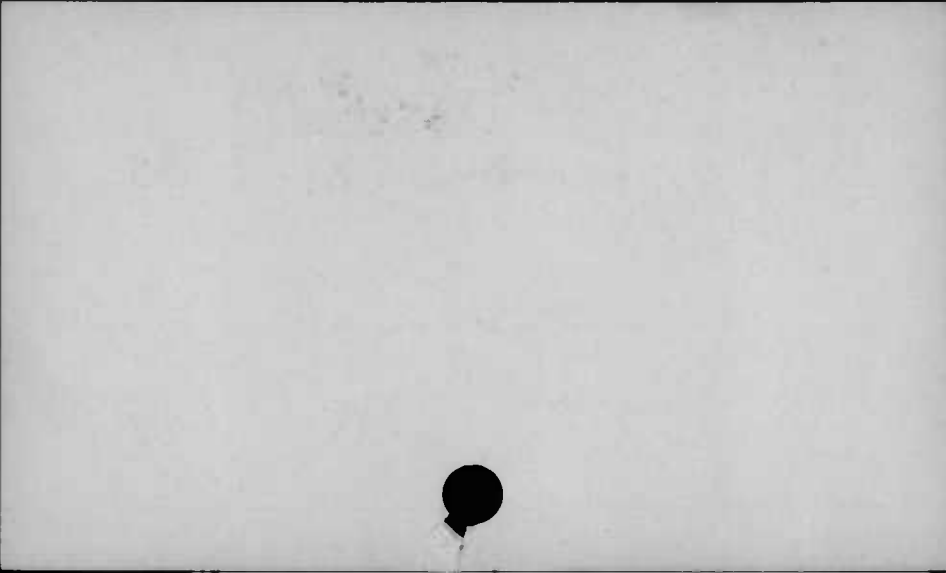
~~Male~~ White Married ~~Widow~~ ~~Divorced~~ *3*
 Female Colored Single Widower Number of children living

Husband of *James Boyd*
 Wife *Joseph Henix* Mother's Name *Rebecca Henix*
 Maiden Name

Cause of Death { Primary *Pneumonia* *93* How long sick *3 1/2 Mo*
 Immediate *Pneumonia* Accident, Suicide, Homicide

Reported by *Lucy L. Fitts* *Md*
 Address *1130 W. La Fayette* *one* *826 Mc Ald*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sullivan Brexton
 Town County

Died at

Bay View Junction Balto

MARYLAND

Date 19

02

Month

12

Day

7

Y.

M.

D.

Native of

Md.

Occupation

none.

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

2 mo.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Laurel Cemetery

Dec. 9, 1902

Edward Bryan.
Undertaker

Name
in
Full

Rachael Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

13th district

Town

County

Baltimore

MARYLAND

Date

of death 190

2

Month

Dec

Day

24

Years

Age

67

Months

Days

Sex

female

Color or
Race

Afroamerican

Birth-
place

Baltimore County

Married, Single
or Widowed

widow

Occupation

none particular

Name of Wife or
Husband

dead

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
information

Chas W. B. Bone

How related
to deceased

not related

CAUSES OF DEATH

Primary

Pneumonia

How long

9 1/2

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

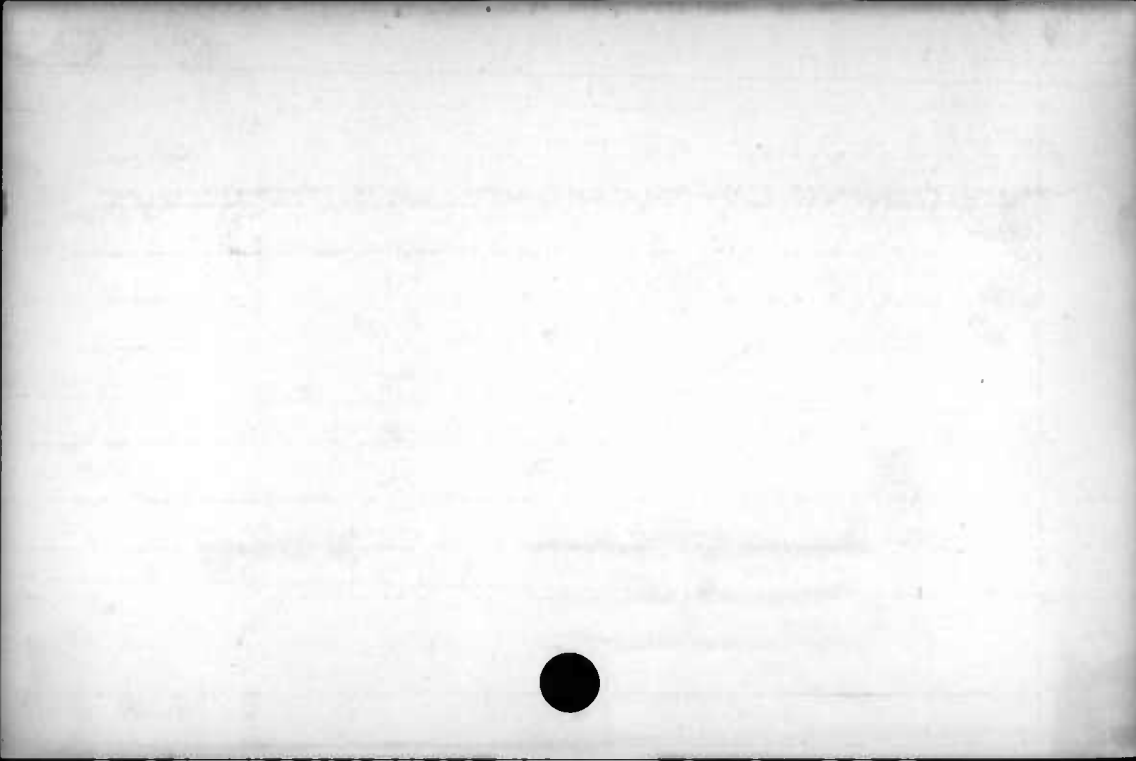
yes

Signature of
Physician

Address

Dr. Floyd
WestportPHYSICIAN
OR CORONER

Accident or Suicide?



Lawrence H. Brown
 Town County

Died at *Lovely* *Baltimore* MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 *12* *3* Age *10*

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single Widower Number of children living

Husband
of
Wife

Father's Name *Lawrence Brown* Mother's Maiden Name *May Gambrell*

Cause of Primary *Scarlet Fever* How long sick *16 days*
 Death Immediate *meningitis* Accident, Suicide, Homicide

Reported by *E. M. Walter*

Address *Upper Falls*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town
Thick Hills

County

Baltimore Co

MARYLAND

Date

1892

Month

Dec

Day

24

Y.

M.

D.

Age

67

Native of

N.B.

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Household~~

Wife

Father's

Name

of
Joel L Brown

Larkin Bicknell

Mother's

Name

Harmon

Cause of

Primary

Pneumonia

93

How long sick

One week

Death

Immediate

Cerebrum

~~Accident, Suicide, Homicide~~

Reported by

Address

Jno W B Rogers and
Elmwood City Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

William Brundige

Died at ^{Town} Catonsville ^{County} Balto. Co. MARYLAND

Date 1902 Dec. 26 Age 73- Native of Maryland, Merchant

Male White Married ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living ?

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Valvular Heart-Disease 1 month

Anasarca 79 ~~Accident, Suicide, Homicide~~

Reported by

Address

J. Percy Wade MD
Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elizabeth H. Bulf

Town

County

Corbett

Balto.

MARYLAND

Died at

Date 1903

Month

Day

12 12

Age

Y.

M.

D.

62

Native of

U.S.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5 -

Husband of

~~Wife~~

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Maiden Name

John Hoshaf

Ellen Hunt

How long sick

1 yr.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

60 Elizabeth A. Burton

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date 1912 Month May Day 6 Y. 43 M. 3 D. 21 Native of Md Occupation Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 9

Husband of

Edward Burton 119

Wife

Father's

Name

Andrew Simms

Mother's

Name

Mary Jane Simms

Cause of

Primary

Acute Uraemia

How long sick

One month

Death

Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

Reported by

H. L. Peckard M.D.

Address

910 Canton St Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000

Authorization for change of date filed
under Lathemau - 3/4/36.

Germanus France

Dec 9th 1902

Mount Carmel.

Name
in
Full

Edward Cassidy

CERTIFICATE OF DEATH

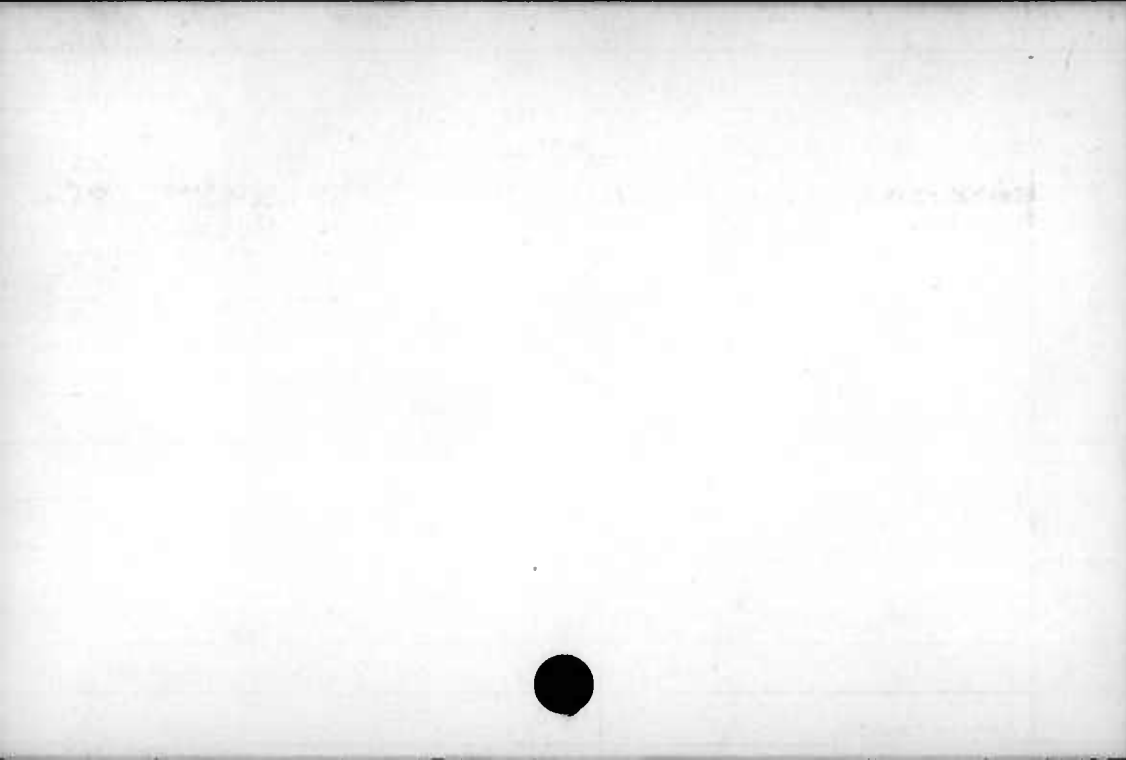
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stagnus Sanitarium</i> ^{Town} <i>Balt</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Dec.</i>	Day <i>18</i>	Age <i>38</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	Months _____ Days _____
M _____ -Widowed		Occupation _____	
Name of Wife or Husband _____			
Father's Name _____		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____	
Name of person giving information _____		How related to deceased _____	

CAUSE OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long _____
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ryan M.D.</i>
	Address <i>Stagnus Sanitarium</i>
Autopsy? <i>No</i>	



Name in Full		County				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Pikesville</u> Town		<u>Baltimore</u> County		MARYLAND	
		Date of death 190 <u>7</u> Month <u>Dec.</u> Day <u>26</u>		Age <u>—</u> Years		Months <u>—</u> Days <u>3</u>	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Pikesville</u>	
		Married, Single or Widowed <u>—</u>		Occupation			
		Name of Wife or Husband					
		Father's Name <u>P. H. Caughey</u>				Father's Birthplace <u>Pikesville</u>	
		Mother's Maiden Name				Mother's Birthplace	
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <u>P. H. Caughey</u>				How related to deceased <u>Father</u>	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Exhaustion</u>				How long <u>151</u>	
		Immediate <u>"</u>				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>H. Louis Taylor</u>	
		Address <u>Pikesville</u>				Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

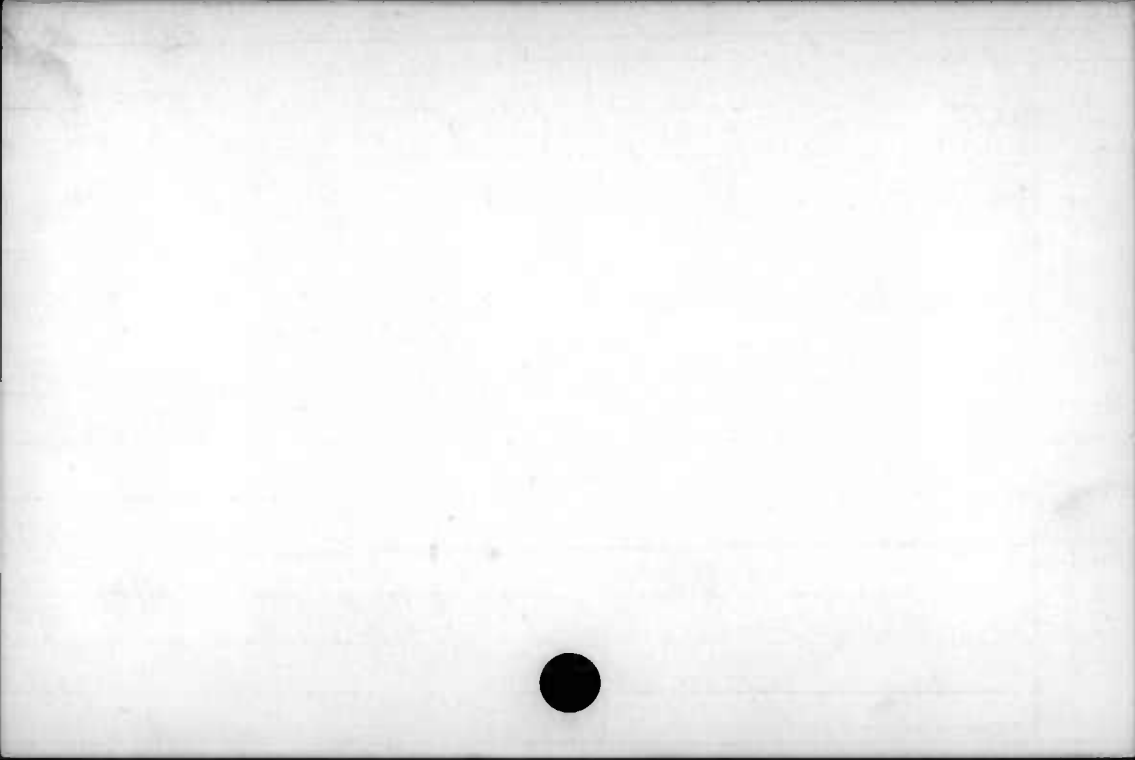
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sutcliffe</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1902	Month 12	Day 27	Age 22	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>York Pa.</i>		
Married, Single or Widowed <i>single</i>		Occupation <i>Merchant</i>			
Name of Wife or Husband					
Father's Name <i>Thurston Chambers</i>			Father's Birthplace <i>France</i>		
Mother's Maiden Name <i>Abigail Chambers</i>			Mother's Birthplace <i>Prussia</i>		
Name of person giving information <i>Amy Roder</i>			How related to deceased <i>Aunt.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>about 4 years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John Barron M.D.</i>	
		Address <i>Fovantown Baltimore Md.</i>	
Accident or Suicide?			



Name
in
Full

Charles Phillip Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Calumet ^{Town}		Balt ^{County}		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1902	Dec	3				21	
Sex	Male		Color or Race	White		Birth-place	Calumet
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Thomas B. Clements					Father's Birthplace	Hampton Va
Mother's Maiden Name	Catherine Sander					Mother's Birthplace	Balt
Name of person giving information	Thomas B. Clements					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition.	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		R. C. M. A. Field	
		Calumet Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Vernon Lerche Jr*
 Died at *Brampton Park* Town *Balto* County
 Date of death 190 *7* Month *Dec* Day *25* Age *9 months* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Balto*
 Married, Single or Widowed *Single* Occupation *—*
 Name of Wife or Husband *—*
 Father's Name *Vernon Lerche* Father's Birthplace *Balto city*
 Mother's Maiden Name *Jessie Lerche* Mother's Birthplace *" "*
 Name of person giving information *Vernon Lerche by* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Epilepsy* How long *2 months*
 Immediate *Heart disease* *Metastatic* How long *2 months*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *Thermond Lerche*
 Address *914 E. Charles St*
 Accident or Suicide? *—*

Berryman & Siskman.
1500 W. 1st St.

Name in Full

Certificate of Death

Leon J. Crawford

Town

County

MARYLAND

Died at Alberton Baltimore

Date 1902	Month Dec	Day 30	Age 11 6	Native of Md	Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of
Wife

Father's Name	Joseph E. Crawford	Mother's Maiden Name	Ardenia Herring
---------------	--------------------	----------------------	-----------------

Cause of Death	Primary	Measles, Brouchitis	How long sick	5 days
Death	Immediate	Suffocation	Accident, Suicide, Homicide	

Reported by Dr. Wm B. Gambill

Address Alberton

Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

May G. Crawford

Died at ^{Town} Alburton ^{County} Baltimore Co MARYLAND

Date 1902 ^{Month} Dec ^{Day} 30 ^{Y.} 5 ^{M.} 8 ^{D.} 26 ^{Native of} Md ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of
 Wife of
 Father's Name Joseph C. Crawford Mother's Name Ardenia Haring

Cause of ^{Primary} Organic Heart Disease, Mitral Insufficiency ^{How long sick} About 1 Year
 Death ^{Immediate} Measles, Cardiac Paralysis ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. B. Gambrell,
 Address Alburton, Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEEB

Name
in
Full

Henry Cronhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chattus Ridge</i>		Town		County		Balt. Co.		MARYLAND	
Date of death 1902	Month 12	Day 12	Age 87	Years	Months	Days			
Sex Male	Color or Race White		Birth-place Germany						
Married, Single or Widowed Widower		Occupation Horsekeeper							
Name of Wife or Husband Annetta									
Father's Name Andrew Cronhardt					Father's Birthplace Germany				
Mother's Maiden Name ——— Hrimple					Mother's Birthplace Germany				
Name of person giving information Chas. H. Cronhardt					How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Informatic of age 84</i>		How long	<i>Several weeks</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician <i>Chas. Taylor</i>		
<i>As per Dr. Taylor</i>		Address <i>Pikeville, Md.</i>		
Accident or Suicide? <input type="checkbox"/>				



Name In Full

Certificate of Death

Conrad Dearing

Town

County

67

MARYLAND

Died at Annapolis Road

Belto

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12 2

Age 65-5-14

Germany

Farmer

Male

White

Married

Widow

Divorced

Number of children living

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband

Wife

Father's

Name

Mother's

Cause of

Primary

Valvular Heart Disease

How long sick

14 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

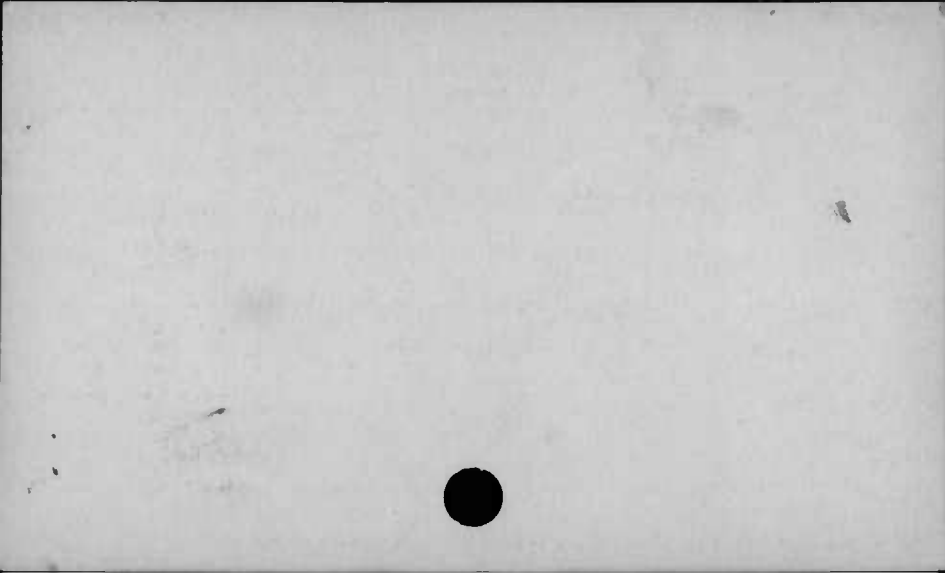
H. S. Hall

Address

Mt. Vernon

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Geo. F. Heyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>2</u>	<u>Dec</u> Month	<u>23</u> Day	Age <u>5</u> Years	<u>4</u> Months	<u>—</u> Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Ernst Heyle</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Pauline Heyle</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u> <u>93</u>	How long <u>6 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. W. Lammey</u>
	Address <u>304 Bond St</u>
Accident or Suicide?	

Hernig & Son
Western Cemetery

Name
in
Full

Wilhelmina Dietz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall.</i>		Town <i>Baltimore.</i>		County		MARYLAND	
Date of death 190 <i>2</i> .	Month <i>Dec.</i>	Day <i>21st</i>	Age <i>7.</i>	Years	Months <i>11</i>	Days <i>26.</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Perry Hall.</i>					
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Christian Dietz</i>				Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name <i>Christina Klass</i>				Mother's Birthplace <i>Germany.</i>			
Name of person giving information <i>John Dietz 179</i>				How related to deceased <i>Brother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Irritation & Malnutrition</i>	How long <i>About 4 mos.</i>
Immediate <i>Cerebral Complication.</i>	How long <i>About a week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. J. Harrison.</i>
	Address <i>Loch Raven.</i>
Accident or Suicide?	

End Lassahn & son
St Michaels

Name in Full

Certificate of Death

James Dixon

Died at ^{Town} *Cham*^{County} *Baeto*

MARYLAND

Date 19 *02* ^{Month} *Dec* ^{Day} *4* | ^{Y.} *1* ^{M.} *3* ^{D.} *3* | ^{Native of} *md* | ^{Occupation} *Farmer*

Male ~~Female~~ | ~~White~~ *White* | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living *4*

Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of Death { Primary *Cerebral apoplexy*
Immediate

How long sick *5 weeks*
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Edmeades.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>14</i>	Age <i>80</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Balto. Co.</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Old Age</i> <i>154</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. S. Riley,</i>
	Address <i>1639 Broadway,</i>
Accident or Suicide?	<i>Balto. Md.</i>



Name
in
Full

Mary Jane Emory

CERTIFICATE OF DEATH

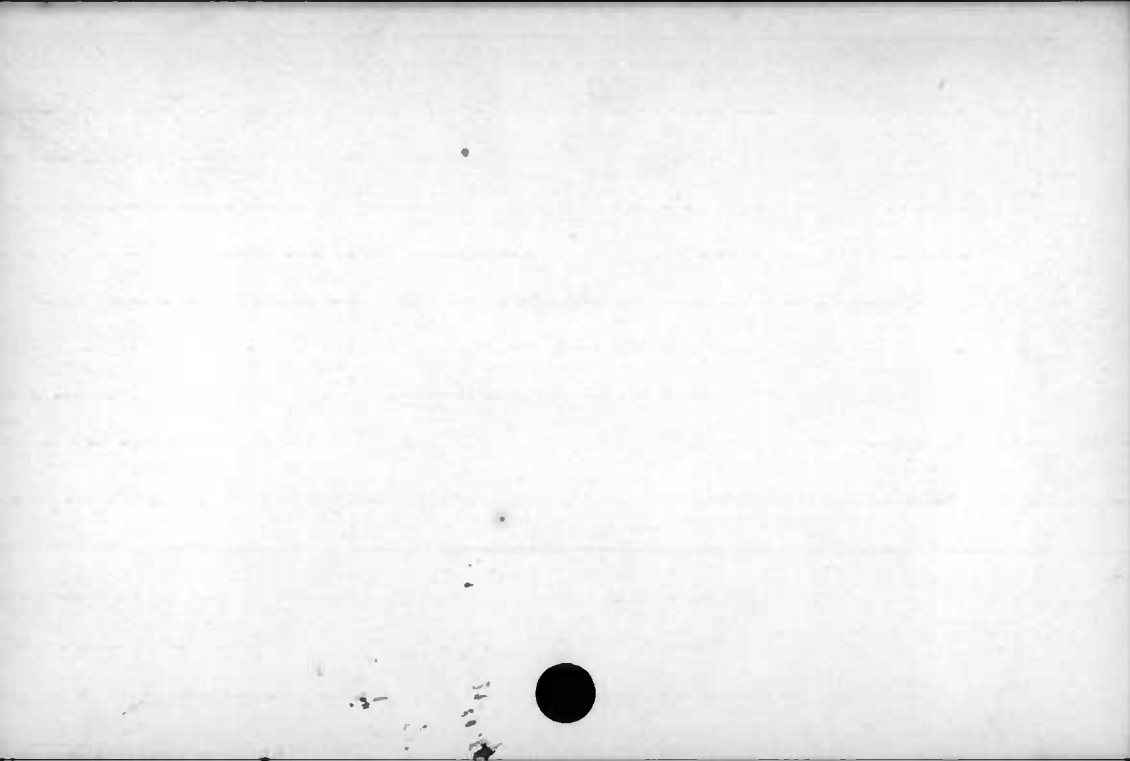
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grovestown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>December</i>	Day <i>16</i>	Years <i>77</i>	Months <i>9</i>	Days <i>19</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Mary Jane Emory Ambrose M. Emory.</i>					
Father's Name <i>Henry Willis Tilyard</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Elizabeth Garrett</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Geo. Anthony Mackenzie Jr</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>10 days</i>
Immediate <i>Fatty degeneration of Heart</i>	How long <i>5 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. H. Powell M.D.</i>
Address <i>2122 St. Paul St. Balto.</i>	
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Kuringunda Fehru

Town

County

MARYLAND

Died at

Centon

Bullo

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Dec 20th

3 -

16 -

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Joseph Fehru

Katie Muller

Cause of

Primary

Spinal Meningitis

How long sick

7 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

C. N. Hthey -

bta

Address

2 Harbor St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Germanus France

Sacred Heart.

Name
in
Full

William M Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hooks Lane</i>		Town		<i>Balti</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>51</i>	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Penn</i>						
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Anna Fisher</i>									
Father's Name <i>Joseph</i>				Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>Hannah Rice</i>				Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Anna Fisher</i>				How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis & Dementia</i>	How long <i>one year</i>
Immediate <i>Heart Failure 27</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. White</i>
	Address <i>Phydrum</i>
Accident or Suicide?	

4-11-12



Name
in
Full

Nelson C Foushille

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Balto Co</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>70</i> ^{Years}	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Fireman</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>5 or 6 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Magdaline Ann Freebinger</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>12</i>		Day <i>21</i>		Age <i>41</i> years	
Date of death 190 <i>7</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto Co</i>			
Married, Single or Widowed				Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>Oliver A Freebinger</i>							
Father's Name				Father's Birthplace <i>U.S.</i>			
Mother's Maiden Name				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Luobana</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>	<i>Six hours</i>
Immediate <i>Paralysis</i>	How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Gwynne - Reece</i>	<i>2037 E Baltimore St.</i>
Accident or Suicide? <i>none.</i>	Address <i>Baltimore Md.</i>	

H. Sanders & Son

Trinity Cemetery

Name
in
Full

Gertude Fry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cotabussville* Town*Balto* CountyDate of death 190 *2* Month *12*Day *23*Age *1* YearsMonths *11*

Days

Sex *Female*Color or Race *Cooland*Birth-place *Baltimore*Married, Single or Widowed *-*Occupation *-*

Name of Wife or Husband

Father's Name *James Fry*Father's Birthplace *Fredk Co Md*Mother's Maiden Name *Estell Olney*Mother's Birthplace *Winfield Md*Name of person giving information *James Fry*How related to deceased *Father*

CAUSES OF DEATH

Primary *Whooping Cough*How long *About 1 week*Immediate *Cadheruignus*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D W. Sturtevant**Q*Address *Cotabussville Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ellenora Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1902.	Month <i>December</i>	Day <i>21st</i>	Years <i>60</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll County</i>		
Married , Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Winrod Gardner</i>			Father's Birthplace <i>Carroll County</i>		
Mother's Maiden Name <i>Catherine E. Buckingham</i>			Mother's Birthplace <i>Carroll County</i>		
Name of person giving In formation <i>Mrs. Allison</i> <i>Mrs. Locksdale</i>			How related to deceased <i>Sisters</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>3 weeks</i>
Immediate <i>Emphysema</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. J. W. White</i>
	Address <i>Hyndson, Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Theodore German,

CERTIFICATE OF DEATH

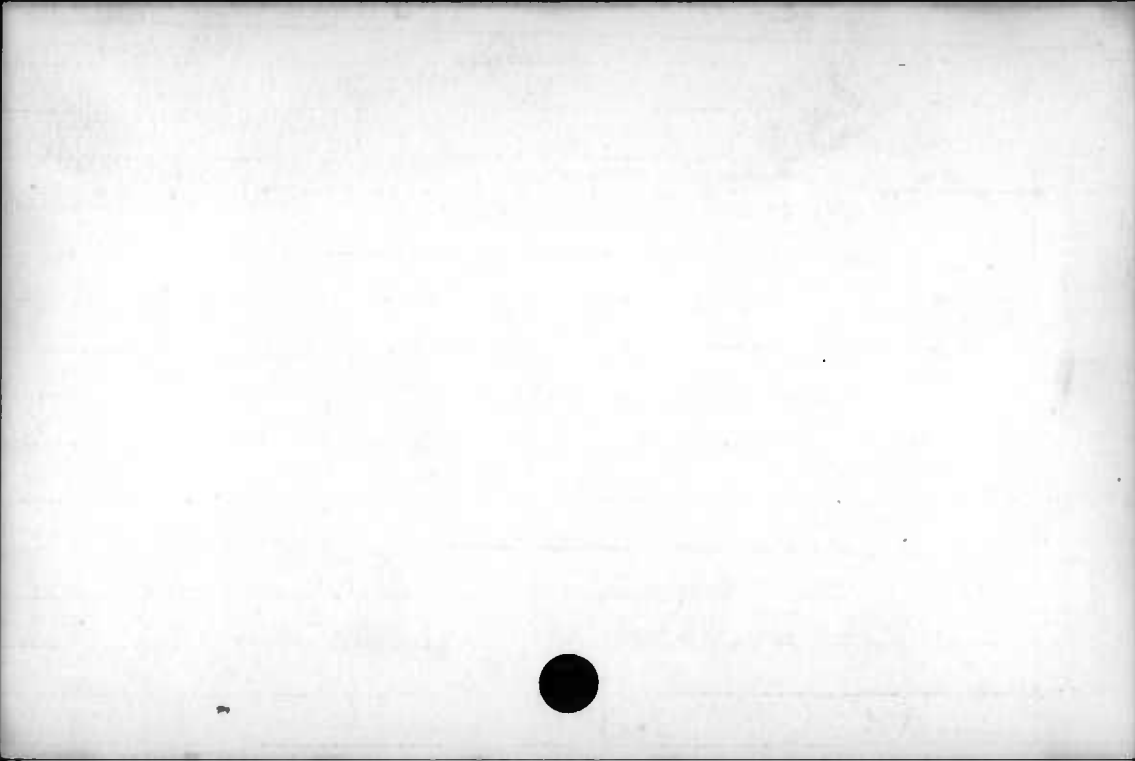
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lawrenceville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>12</i>	Day <i>16</i>	Age <i>51</i>	Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>Balto Co Md</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Catherine Virginia German</i>							
Father's Name <i>Joseph German</i>		Father's Birthplace <i>Balto Co Md</i>					
Mother's Maiden Name		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>George B Heffner</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration of heart</i>	How long <i>2 months</i>
Immediate <i>Mitral Insufficiency</i>	How long <i>79</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J C Schofield</i>
	Address <i>Highland</i>
Accident or Suicide?	



Name In Full *May Lillian Goucher* Certificate of Death
De Morice Ballman Co
Town County

Died at MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
<i>22</i>	<i>Dec</i>	<i>18</i>	<i>51</i>				<i>md</i>	<i>Housewife</i>
Male	White	Married					Widow	
Female	Colored	<u>Single</u>					Widower	Number of children living <i>3</i>

Husband of *John F Goucher*
Wife
Father's Name
Mother's Maiden Name

Cause of Death	Primary	Immediate	How long sick
	<i>Pulmonary Tuberculosis</i>	<i>renal tubular</i>	<i>One yr</i>
			<u>Accident, Suicide, Homicide</u>

Reported by *JOB Asmund*
Address *2112 N Charles St* *27*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
LIBRARY BUREAU 75898



Name in Full

Certificate of Death

Theodore Elsworth Greaser

Town

County

Died at Limerick

Baltimore

MARYLAND

Date 1902 Month Dec Day 10 Y. M. D. Native of Occupation

Male White ~~Married~~ Widow Divorced Infanter

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name John Elsworth Greaser Mother's Name Elsie Greaser Porter

Cause of Death { Primary General Colic / Bronchitis How long sick 2 days

Death { Immediate Bronchus Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Dr. M. B. Bauson Lockayville

Address Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Theresa Gussford*

Certificate of Death

W. Arlington *Balto.*
Town County

Died at *Lloyd Ave. W. Arlington*

MARYLAND

Date 1902	Month 12	Day 7	Age 27	Native of <i>Ind</i>	Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of *Geo. A. Gussford* Mother's *Ann C Gussford*
Wife Name Maiden Name *Gronow*

Cause of Death { Primary *Pneumonia* 93
Immediate
How long sick *3 days*
Accident, Suicide, Homicide

Reported by *J. M. Ridgely MD*
Address *Forest Park Balto.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Effie Gutherlet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Lanarville</u> Town		<u>Balto. Co</u> County	
Date of death 190 <u>V</u> <u>Dec</u> Month	<u>13</u> Day	Age <u>28</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>	
Married, Single or Widowed <u>married</u>	Occupation <u>House-wife</u>		
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 year</u>
Immediate <u>same</u>	How long <u>same</u>

Are the name, age, sex, color, date and place correctly given above? yes

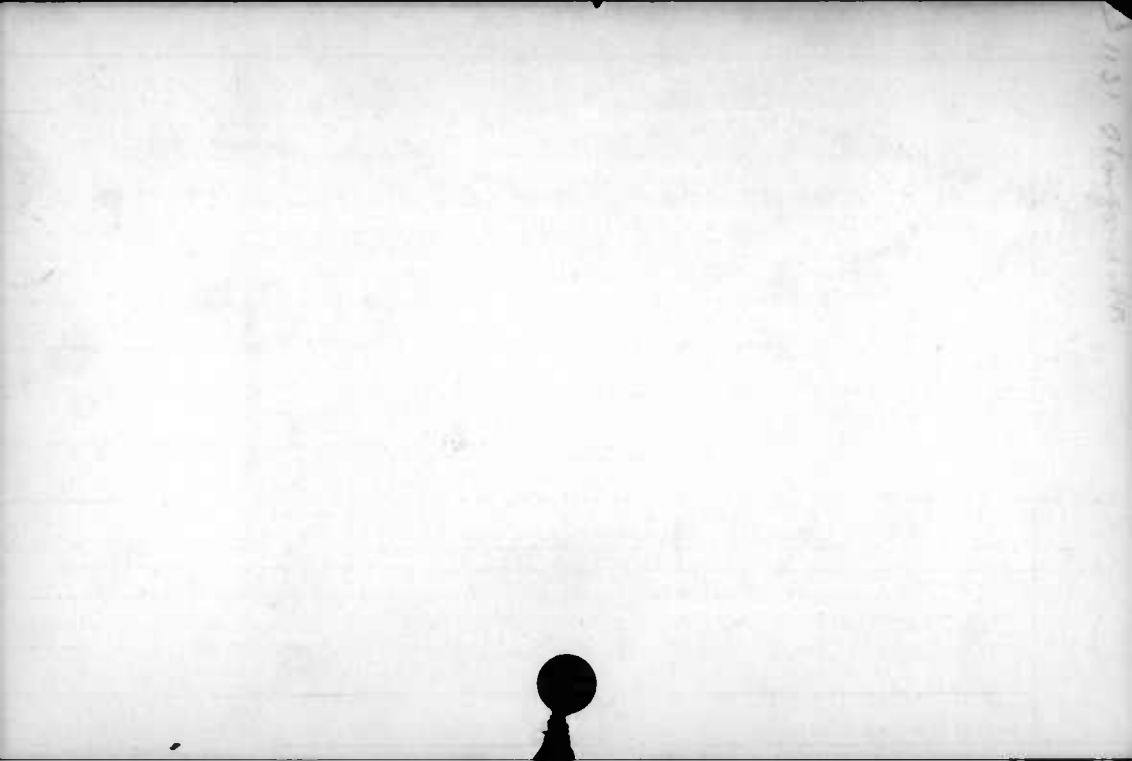
Signature of Physician

Address

Jeffries Black
1127 E. Caroline St
Balto. Md

Accident or Suicide?

noPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

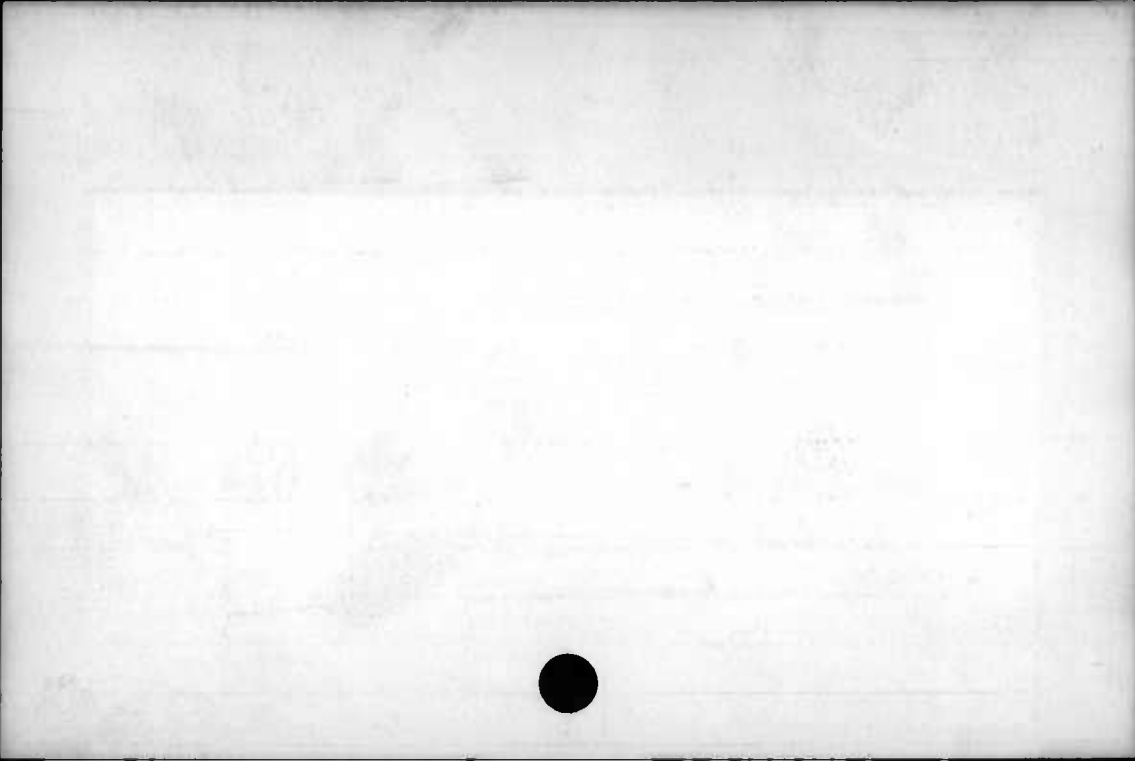
TO BE ANSWERED BY
NEAREST FRIEND

William Haynes
Died at ^{Town} St Agnes' Sanitarium ^{County} Balt.
Date of death 1902 ^{Month} December ^{Day} 18 ^{Age} 73 ^{Years} ^{Months} ^{Days}
Sex male Color or Race white Birth-place
Married Single or Widowed Occupation Bricklayer
Name of Wife or Husband
Father's Name Father's Birthplace
Mother's Maiden Name Mother's Birthplace
Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis - How long
Immediate Nephritis and Uremic coma. How long
Are the name, age, sex, color, date and place correctly given above? Signature of Physician J. M. Ryker M.D.
Address St Agnes Sanitarium
Accident or Suicide?



Name in Full

Certificate of Death

Gertie R. Henson
 Died at Arlington Beale County MARYLAND
 Date 1902 Month 12 Day 28 Y. 2 M. 4 D. Native of Md Occupation Street Cleaner
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ Divorced Widow
 Female Colored Single ~~Widow~~ Number of children living —

Husband of —
 Wife of —
 Father's Name Alex Henson Mother's Maiden Name Annie M Henson

Cause of Death { Primary Abdominal Abscess How long sick 3 yrs-
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by Edwin E. Jones
 Address Arlington Md

Must be signed by physician, If any in attendance, otherwise by coronar, undertaker or minlster.



Name in Full

Certificate of Death

James J. Hicks
 Died at *Near Oella* *Balto*
 Town County
 Date 1902 *Dec 6* Month Day Y. M. D. Age *73*
 Male White Married *Widow* Native of *Mar* Occupation *Sea Captain*
 Female Colored Single Widower Number of children living *2*

Husband of *Kellie Roach*
 Father's Name *Nehemiah Hicks* Mother's Maiden Name *Mary E Bayne*
 Cause of Death { Primary *Heart disease* How long sick *29*
 Immediate *Acute gastritis hemorrhage* Accident, Suicide, Homicide

Reported by

Address

J. J. Bayne
Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



No name

Town

County

Died at

Gorans town

Baltimore

MARYLAND

Date 1902

Month

Day

Dec 13

Age

Y.

M.

D.

Native of

Occupation

6 weeks

Maryland

Dr. Paul

Male

~~White~~

Married

~~Widow~~~~Deceased~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Elijah Hill

Mother's

Name

Lelia Nicholas

Cause of

Primary

Heart trouble

How long sick

Sudden

Death

Immediate

"

"

79

~~Accident, Suicide, Homicide~~

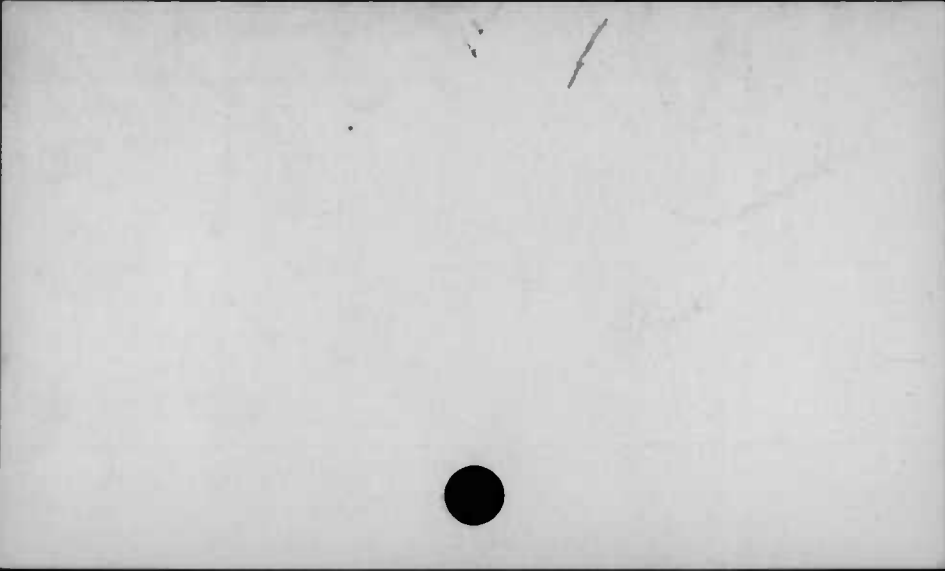
Reported by

Dr. C. H. Duncan

Address

Gorans town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry P. Holden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mal-nutrition	How long	nine weeks
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. R. Hodges M.D.
		Address	Spanow's Point, Maryland.
Accident or Suicide?			

Christian Miller
2334 Jefferson st

Name
in
Full

Robert F. Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>7</u>	Age <u>3</u> Years	Months <u>8</u>	Days <u>29</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Annapolis Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>William Hook</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Mamie E. Evans</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Scarlet Fever</u>	How long <u>10 days</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. F. Henderson</u>
	Address <u>Station E, City</u>
Accident or Suicide? <u> </u>	

McKendree Methodist arlington

Name in Full

Certificate of Death

Anna Eliza Hubbard.

Town

County

Died at

MARYLAND

Date 1902 Dec 28 Y. M. D. Native of Virginia Occupation Wife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 1

Husband of George A. Hubbard
 Wife of George A. Hubbard

Father's Name James Byrn Mother's Name Byrn

Cause of Death { Primary Phthisis 27 2 days How long sick

Death { Immediate Congestion of Lungs Accident, Suicide, Homicide

Reported by George W. Erichart, M.D.

Address Siekeyville Balto Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Larraine.

Name in Full

Certificate of Death

Betsey Jackson

Town

County

Died at

Brown Middle River Baltimore

MARYLAND

Date 1962

Month

Day

Y.

M.

D.

Native of

Occupation

February 23

Age

80

56

H W

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband

Wife f

Betsey Jackson

Father's

Mother's

Name

Jackson Thomas

Maiden Name

Cause of

Primary

old age

154

How long sick

4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

gustaf Boston

Address

Middle River

This is signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Geo H James

Town

County

MARYLAND

Died at 406 Cold Spring Lane

Ballo

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Dec	14	—	2	12	U S	—
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Harry James

Rose James

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

Eclampsia Collapse

Accident, Suicide, Homicide

Reported by

Wm H. F. Sedgeman M.D.

Address

Cor Chestnut & 1st Ave

Ballo - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Robert Lee James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Reisters Town		Baltimore		MARYLAND					
Date of death 190 2		Month Dec.		Day 25		Age 35		Months 7		Days 7	
Sex Male		Color or Race White		Birth-place Harford Co.							
Married, Single or Widowed		Married		Occupation		Farmer					
Name of Wife or Husband		Lillian Hardesty									
Father's Name		Robert M. James					Father's Birthplace		Baltimore		
Mother's Maiden Name		Emily Eymia James					Mother's Birthplace		Baltimore		
Name of person giving information		Lillian Hardesty					How related to deceased		Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pneumonia		How long		Two weeks	
Immediate		Weak Heart		How long			
Are the name, age, sex, color, date and place correctly given above?		YES		Signature of Physician		H. M. S. Lade	
				Address		Reisters town Md.	
Accident or Suicide?							



Name
in
Full

Robert Lee James

CERTIFICATE OF DEATH

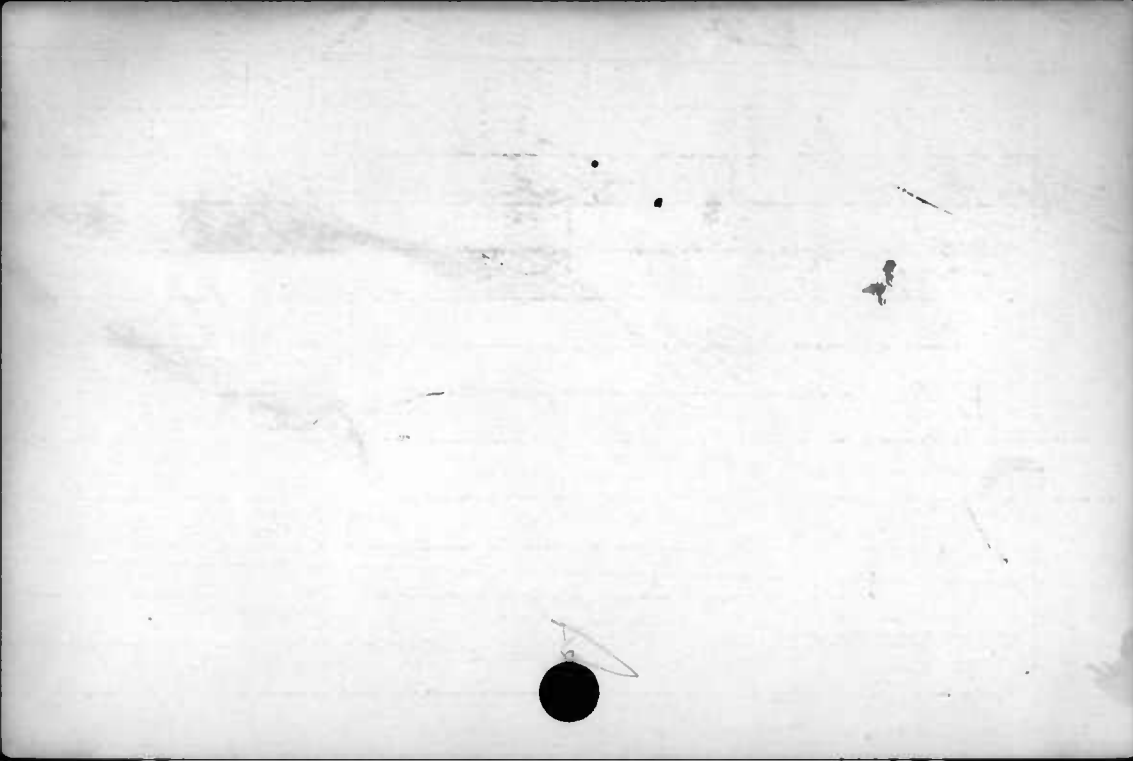
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i> ^{Town}		<i>Baltimore Co.</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>18</i>	Years —	Months <i>5</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Reisterstown</i>		
Married, Single or Widowed —			Occupation —		
Name of Wife or Husband —					
Father's Name <i>Robert Lee James</i>			<i>93</i>		
Mother's Maiden Name <i>Lillian Hardesty</i>			Father's Birthplace <i>Harford Co.</i>		
Name of person giving In formation <i>Lillian Hardesty</i>			Mother's Birthplace <i>Harford Co.</i>		
			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croupous Pneumonia</i>	How long <i>Two days</i>
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Blake</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

John - Elwood Johnson
 Died at Highland Home Baltimore MARYLAND
 Town County

Date 1902 December 18 Age 27
 Male White Married Widow Divorced
 Female Colored Single Widower
 Native of Baltimore City Occupation Laborer
 Number of children living 2

Husband of Mary Johnson
 Wife

Father's Name Mother's Maiden Name Elizabeth Johnson

Cause of Death Primary accidentally killed
 Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by John H. Johnson - J. H. Johnson

Address 16 East in near Highland Home

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Edward Bryan
Asbury Conn

Name In Full

Certificate of Death

Mary Lemmima Jones

Town

County

Died at

Alla

Bald.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 14

Age

79 -

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

~~Wife~~

Father's Name

Wm Jones

Mother's

Maiden Name

Cause of

Primary

Tuberculosis

Death

Immediate

exhaustion

How long sick

2 yrs

Accident, Suicide, Homicide

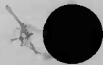
Reported by

Thos B. Brown

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Child Not named

Died at

Date

Cotabussville

County

Wallo

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

12

3

Age

-

-

5

Ind

-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Henry C Kehl

Mother's

Name

Sarah K Kehl

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

D. W. Stultz M.D.

Address

Cotabussville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Patrick Kelly

Town

County

MARYLAND

Died at Mt Hope Retreat

Date

Month

Day

Years

Months

Days

of death 1902

Dec

31st

Age

68

Sex

Male

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Widower

Occupation

Merchant

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

From Records of Mt Hope

How related
to deceased

CAUSES OF DEATH

Primary

Melancholia Chronic

How long

Immediate

Ex Cardiac Debility X Hypostatic Congestion 9 months Mt Hope

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frank J. Flannery
Mt Hope Retreat

Accident or Suicide?

PHYSICIAN
OR CORONER

Stewart & Mowen

215 Park ave

Baltimore Md

Cumberland

Name in Full

Certificate of Death

Rachel Kelly

Town

County

Died at

Granite, Balto

MARYLAND

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12 28 83 10 27

And none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Similarity of animal activity
Exhaustion

How long sick

Several years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Joshua Kenneman

CERTIFICATE OF DEATH

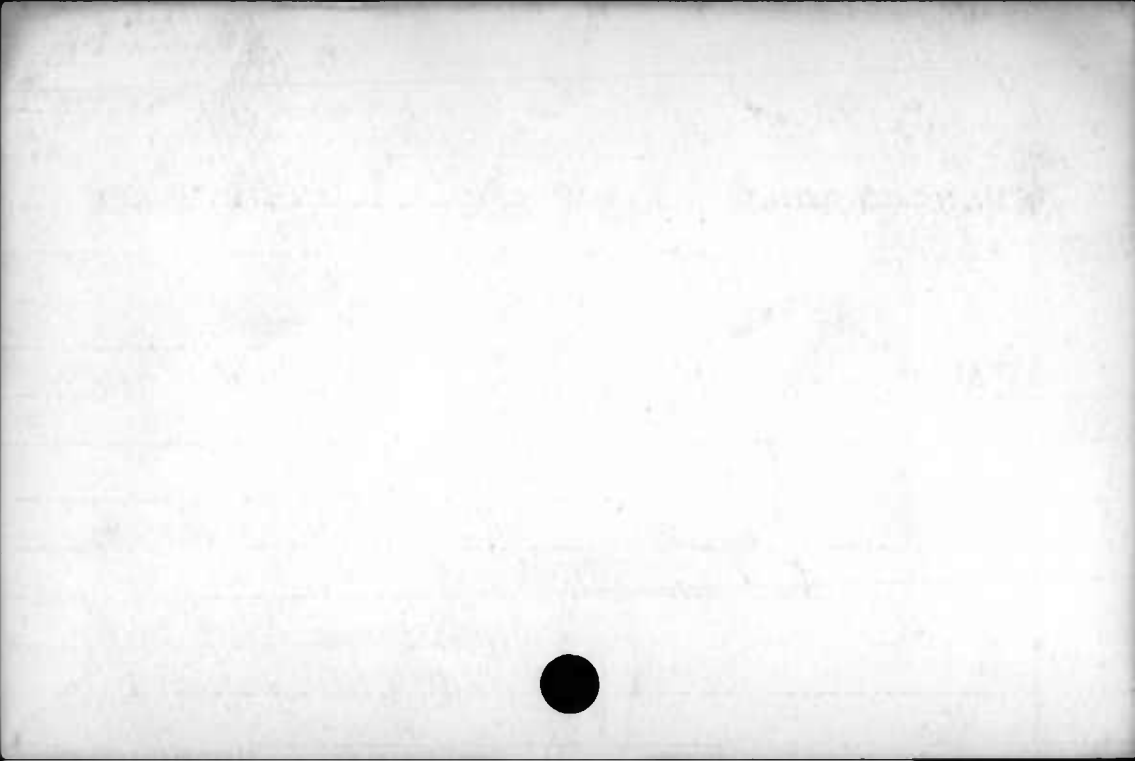
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westport</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month}	<u>18</u> ^{Day}	<u>1</u> ^{Years}	Age <u>one</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Baltimore Md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Plantes Raizen</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Harrist Kenneman</u>			Mother's Birthplace <u>Dorchester to Md</u>		
Name of person giving information <u>Harrist Kenneman</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Morassum</u>	How long <u>105</u>	How long <u>Eight Months</u>
Immediate <u>Exhaustion</u>		How long <u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above? <u>Y.</u>	Signature of Physician <u>August W Miller</u>	
	Address <u>(Coroner)</u>	
	<u>Mr William Ad</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

Alice Sharp Klingelhoefer

CERTIFICATE OF DEATH

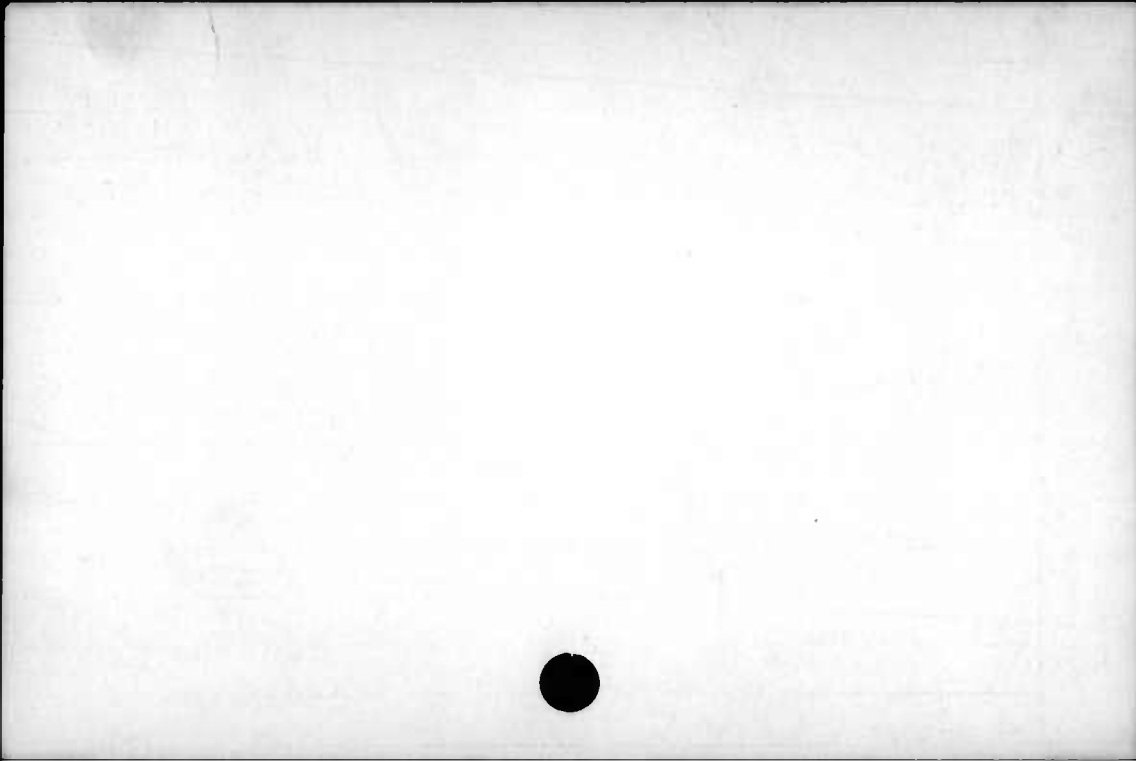
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balto.</i> ^{Town} <i>Co.</i>		County		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>31</i>	Age <i>42</i>	Years <i>6</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth- place <i>Californian</i>	
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Geo. Klingelhoefer</i>					
Father's Name <i>Wm. Sharp</i>				Father's Birthplace <i>Virginia</i>	
Mother's Maiden Name <i>Francois Roghice</i>				Mother's Birthplace <i>Balti. Md.</i>	
Name of person giving In formation <i>Geo. Klingelhoefer</i>				How related to deceased <i>Husband.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mumia</i>	How long <i>68</i>
Immediate <i>Exhaustion from convulsions</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. S. Enoch</i>
	Address <i>Hampton</i>
Accident or Suicide?	<i>no</i>



Name In Full

Certificate of Death

William J. Larnsheden
 Town County

Died at Highlandtown Baltimore State MARYLAND

Date 1902 December 27 Age 57 Male White ~~Married~~ Widow ~~Divorced~~ Native of Baltimore Occupation
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 2

Husband
 of
 Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Apoplexy Immediate
 How long sick 64
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. E. Hughes,

Name in Full

Certificate of Death

William Edgar Lanharn,
 Town Sparrows Point County Baltimore bount MARYLAND
 Died at
 Date 1902 Dec 13 Age 1-7-74 Native of Md Occupation
 Male Yes White Yes Married ~~Wid~~ Divorced
 Female ~~Yes~~ Colored ~~Yes~~ Single yes ~~Wid~~ Number of children living
 Husband of
 Wife

Father's
 Name

Mother's
 Maiden Name

93

Cause of Primary

Double Pneumonia,

How long sick

6. days

Death Immediate

Asthma,

Accident, Suicide, Homicide

Reported by

F. C. Eldred, M.D.

Address

Sparrows



Point Balt Co Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Phillips Bauden</i>		Town <i>Cotonsville</i>		County <i>Polto</i>		STATE MARYLAND	
Died at		Date of death 190 <i>2</i>		Month <i>12</i>		Day <i>23</i>	
Age <i>about 90</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ananindel Colind</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>labourer</i>					
Name of Wife or Husband <i>Mary Bauden</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>John W. Presca</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	<i>154</i>	How long	<i>—</i>
Immediate	<i>Asthma</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>D. E. Stultz, M.D.</i>	
			Address <i>Cotonsville, Pa.</i>	
Accident or Suicide?				



Geo Leinits
 Town *Hillsville* County *Balto* MARYLAND
 Died at

Date 19*02* Month *12* Day *9* Y. *42* M. D. Native of *ind* Occupation *Farmer*
 Male White Married Widow Divorced
 Female Colored Single Widowed Number of children living

Husband of *Margreta B Brainerd*
 Wife Mother's
 Father's Name *Peter Leinits* Maiden Name

Cause of Death { Primary *Consumption* How long sick *6 wks*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Z B Hall*
 Address *Mr Winans*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Henry Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date <u>Dec 30</u> of death 19 <u>33</u>	Month <u>Dec</u>	Day <u>30th</u>	Years <u>42</u>	Months <u>8 mo</u>	Days <u>23</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Virginia</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Drayman</u>				
Name of Wife or Husband <u>Kate C Lewis</u>					
Father's Name <u>Do not know</u>			Father's Birthplace <u>Do not know</u>		
Mother's Maiden Name <u>Do not know</u>			Mother's Birthplace <u>Do not know</u>		
Name of person giving information <u>J. D. Trusty</u>			How related to deceased <u>not related</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Organic Disease of Heart</u>	How long <u>—</u>
Immediate <u>Organic Disease of Heart</u>	<u>Died suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Chas. H. Kelly M.D.</u>
	Address <u>1113 Madison Ave Baltimore</u>
Accident or Suicide? <u>—</u>	



Name In Full

Certificate of Death

George Lins

Town

County

Died at Blenheim

Baltimore

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
Dec.	24		75	7	12	Germany	Farmer
Male	White	Married	Widow		Divorced		
Female	Colored	Single	Widower		Number of children living Eight		

Husband of Frederica Seidel

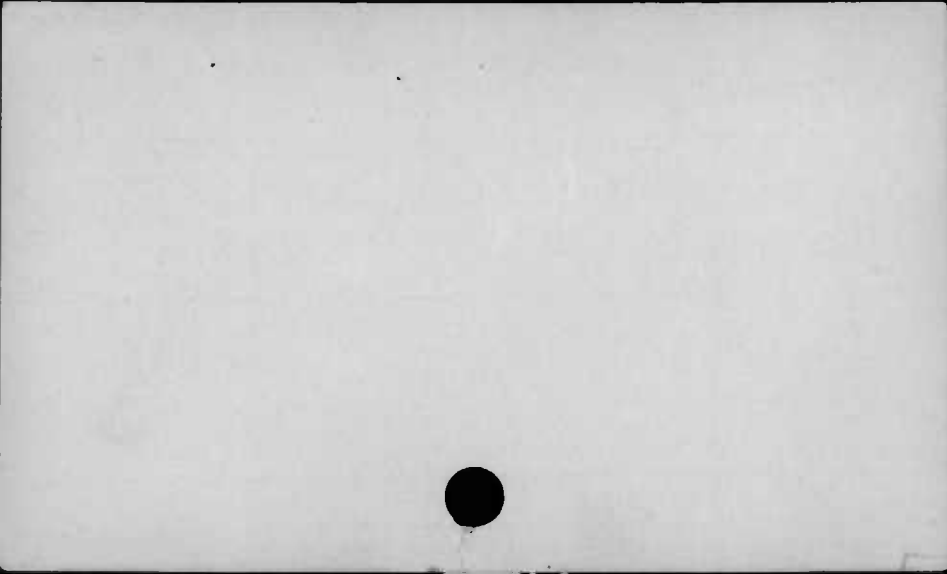
Father's Name	Mother's Maiden Name
Conrad Lins	Seidel

Cause of Death	Primary	Immediate	How long sick	Accident, Suicide, Homicide
	Injury of Spine	Paralysis	2 years	
			166	

Reported by Jno. L. Green M.D.

Address Gittings - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name ^{Full}

Martha
 Gertrude Lytle
 Town County

Died at *Gorans town* *Baltimore* MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Dec	24	4	6	16	Maryland	Infant
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of _____
 Wife

Father's Name *Robt. J. Lytle* Mother's Name *Grace E. Lytle*
 Maiden Name

Cause of	Primary	How long sick
Death	Immediate	3 weeks
	Exhaustion	Accident, Suicide, Homicide

Reported by *Dr. Edw. Duncan* 28

Address *Gorans town*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

手
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Name
in
Full

Annie McCray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Bach</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Dec</i> ^{Month}	<i>13</i> ^{Day}	Age <i>37</i> ^{Years}	<i>11</i> ^{Months}	<i>29</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bach</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housekeeper</i>		
Name of wife or Husband <i>Mrs. Maria</i>					
Father's Name <i>Michael Gansley</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Anne Gansley</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Peter McCray</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Heart</i>	How long <i>Combined 3 weeks</i>
Immediate <i>Heart Disease</i>	How long <i>about 7 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Darnley</i>
	Address <i>304 Bank St - Ex 1</i>
Accident or Suicide? <i></i>	

John B. Haiger

St Patricks Cemetery

Name
in
Full

CERTIFICATE OF DEATH

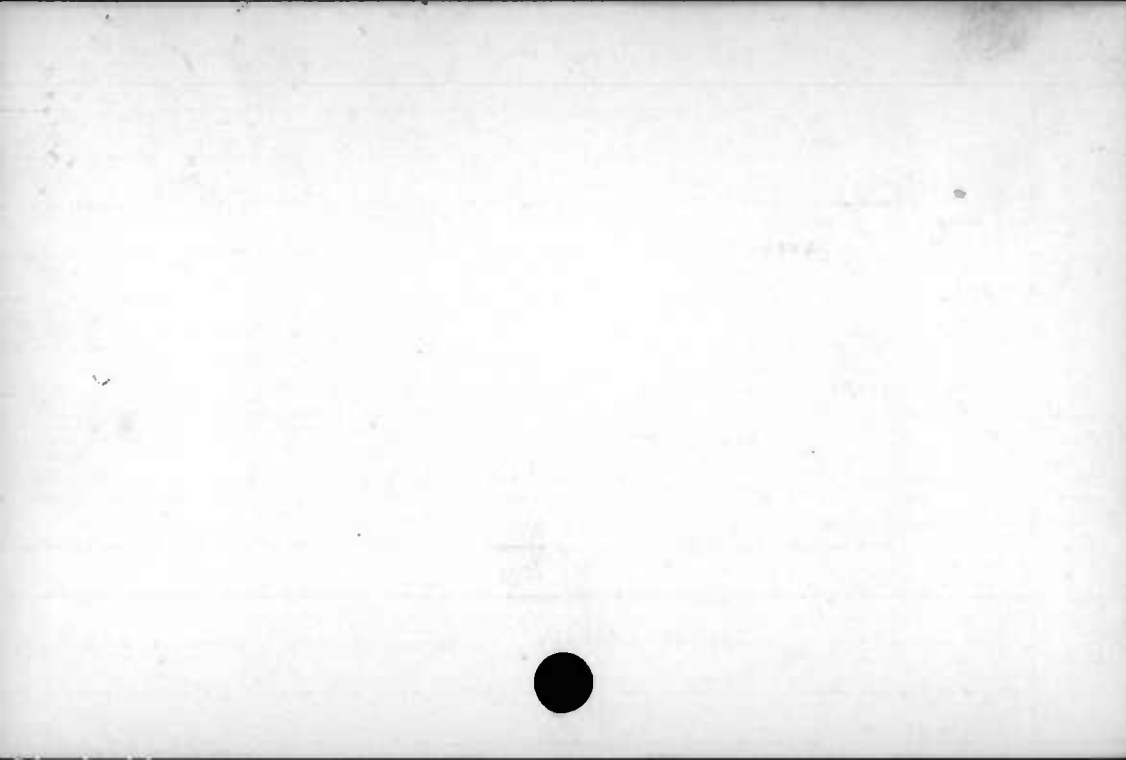
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A Mahorney</i>		Town <i>Louisa</i>		County <i>Baltimore Co</i>		MARYLAND	
Died at		Date of death 1902		Month <i>December</i>		Day <i>15th</i>	
Age <i>83</i>		Years		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>England</i>			
Married, Single or Widowed		Occupation <i>Housewife</i>					
Name of Wife or Husband		<i>Thomas Phiffs</i>					
Father's Name		<i>=</i>					
Father's Birthplace		<i>=</i>					
Mother's Maiden Name		<i>=</i>					
Mother's Birthplace		<i>=</i>					
Name of person giving information		<i>Mrs Linn Phiffs</i>					
How related to deceased		<i>Daughter in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Cystitis</i>		How long <i>several years</i>	
Immediate <i>Paralysis</i>		How long <i>several days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>So near as possible</i>		Signature of Physician <i>D. B. Saret</i>	
		Address <i>Louisa</i>	
Accident or Suicide?			



Name
in
Full

William Mack

CERTIFICATE OF DEATH

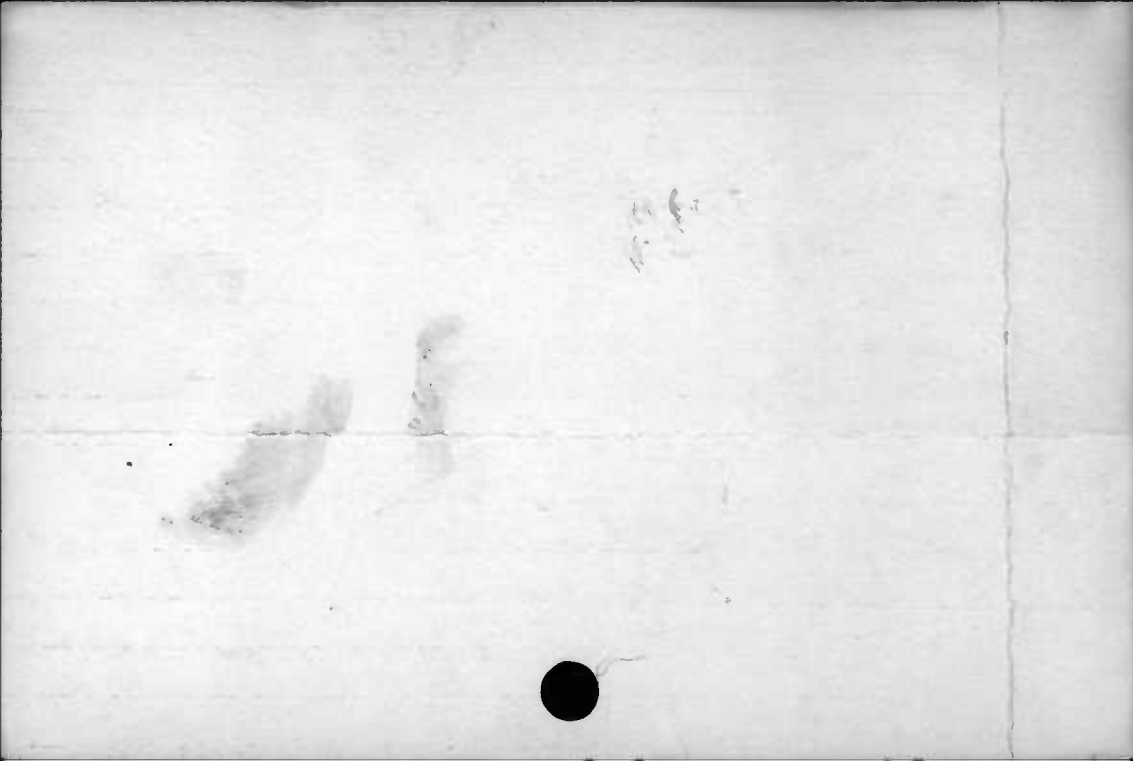
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oregon</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death 1902	Month <u>12</u>	Day <u>9</u>	Age <u>94</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Dover</u>		
Married, Single or Widowed <u>Widower</u>			Occupation <u>Labourer</u>		
Name of Wife or <u>Henry Lowndes</u> Husband					
Father's Name <u>Don't Know</u>			Father's Birthplace <u>Don't Know</u>		
Mother's Maiden Name <u>Don't Know</u>			Mother's Birthplace <u>Don't Know</u>		
Name of person giving information <u>Lloyd Fairfacts</u>			How related to deceased <u>Son in law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility</u>	How long <u> </u>
Immediate <u>Heart failure</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. O. Drach M.D.</u>
	Address <u>Bethesda Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Amelia Maria Masimer.

CERTIFICATE OF DEATH

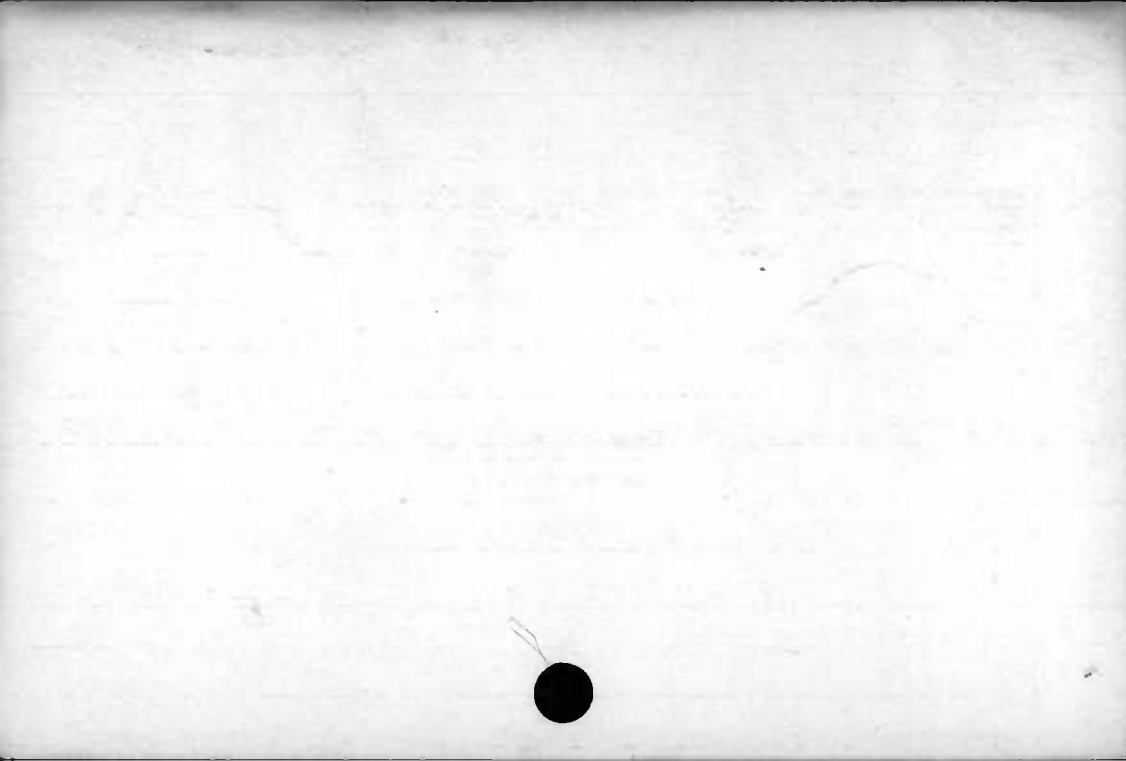
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Ruhl</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 190 <u>2</u>		Month <u>Dec.</u>	Day <u>28</u>	Age	Years <u>—</u>	Months <u>4</u>	Days <u>5</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland.</u>			
Married, Single or Widowed		<u>Infant</u>		Occupation <u>None.</u>			
Name of Wife or Husband <u>—</u>							
Father's Name <u>John E Masimer</u>				Father's Birthplace <u>Ruhl, Md.</u>			
Mother's Maiden Name <u>Emma C Ampacher</u>				Mother's Birthplace <u>Ruhl, Md.</u>			
Name of person giving information <u>John E Masimer</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cold on Chest.</u>	How long	<u>8 days.</u>
Immediate	<u>Spasmodic Croup.</u>	How long	<u>1 day.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Jas. L. Yagle</u>	
Address <u>New Freedom, Pa.</u>		Address <u>—</u>	
Accident or Suicide? <u>—</u>		Accident or Suicide? <u>—</u>	



Anna Dora Maul

Died at ^{Town} Canton ^{County} Balto. MARYLAND

Date 19 62 Dec. 8. Age 85. Y. M. D. — Native of Germany Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of Conrad Maul

Father's Name — Mother's Maiden Name 97

Cause of Death { Primary Asthma - old age
 Immediate Exhaustion

How long sick 3 weeks
 Accident, Suicide, Homicide —

Reported by J. C. Schumacher M.D.

Address 173 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frederick Lippin
at
Parkville, Ind.

Name
in
Full

Naisy C. Meekes

CERTIFICATE OF DEATH

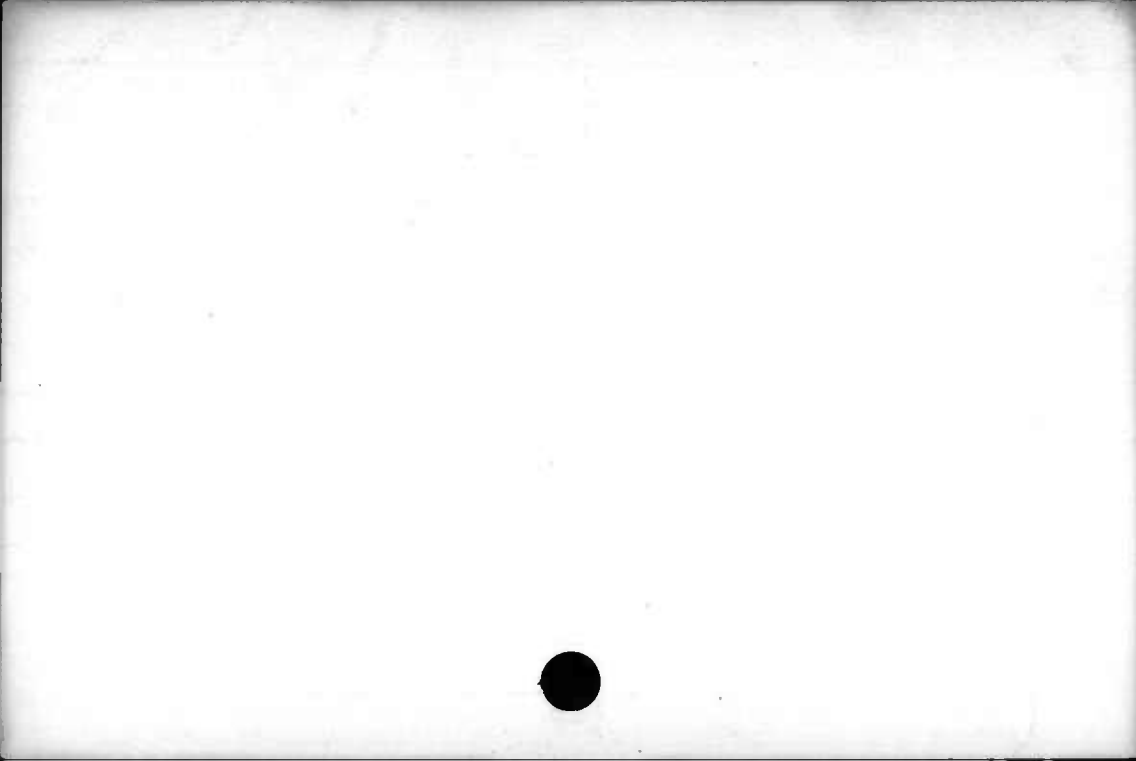
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5 or 6 days
Immediate	Aschemia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Hamman
		Address	Middle River Md
Accident or Suicide?	no		



Name
in
Full

Emma Brown Mordecai

CERTIFICATE OF DEATH

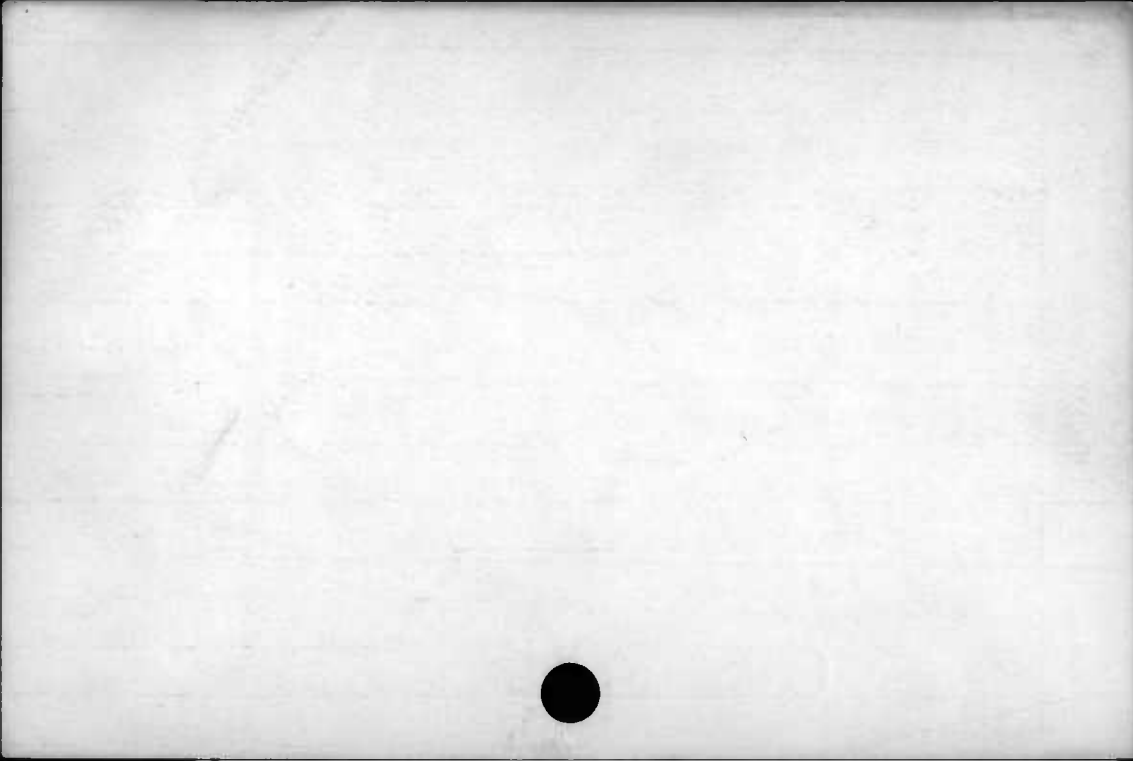
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death 190		2	Dec	9	Age	57	Months	Days	
Sex		Female		Color or Race		White		Birth-place	Maryland
Married, Single or Widowed		Widow		Occupation					
Name of Wife or Husband		J. Randolph Mordecai							
Father's Name							Father's Birthplace		
Mother's Maiden Name							Mother's Birthplace		
Name of person giving information		George P. Mordecai					How related to deceased		Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	Six Months
Immediate	Exhaustion	How long	few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Nathan R Smith M D	
Address		24 W. Franklin St. Baltimore Md.	
Accident or Suicide?			



Name
in
Full

Samuel T. Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

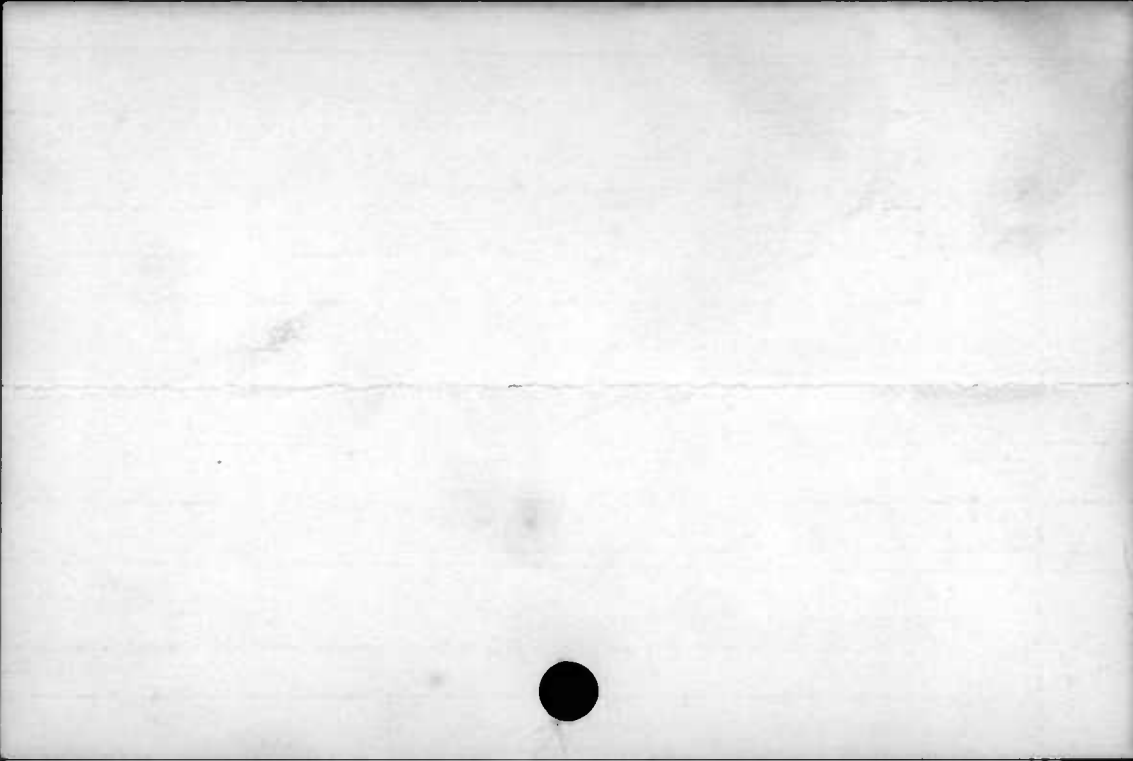
MARYLAND

Died at <i>Hollins</i> ^{Town}		<i>Balto</i> ^{County}			
Date of death 190 <i>2</i>	<i>Dec</i> ^{Month}	<i>28th</i> ^{Day}	Age <i>23</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Clerk</i>				
Name of Wife or Husband _____					
Father's Name <i>Samuel T. Morgan</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Mary Martha McCoy</i>			Mother's Birthplace <i>do</i>		
Name of person giving information <i>W. T. Waetmoff, Jr.</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowned.</i>	How long <i>172</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>James H. Berner, Jr.</i> Address <i>Int Washington</i>
Accident or Suicide?	<i>Accident</i>	



Name in Full!

Certificate of Death

Theresa Muehlberger
 Town Highlandtown County Baltimore MARYLAND
 Died at 1902 Month Dec Day 14 Y. 27 M. 11 D. 21 Native of Germany Occupation Housewife
 Date 1899 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

of Wm Muehlberger
 Wife of
 Father's Name Frederick Wagner Mother's Name Sophia Wagner
 Cause of Death Primary Acute Nephritis How long sick Two weeks
 Immediate Acute Uraemia Accident, Suicide, Homicide

Reported by D. F. Reckard M.D.
 Address 24 Canton St Baltimore, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

1st Ev. Secm.

K. Sandu Son

Name

in
Full

CERTIFICATE OF DEATH

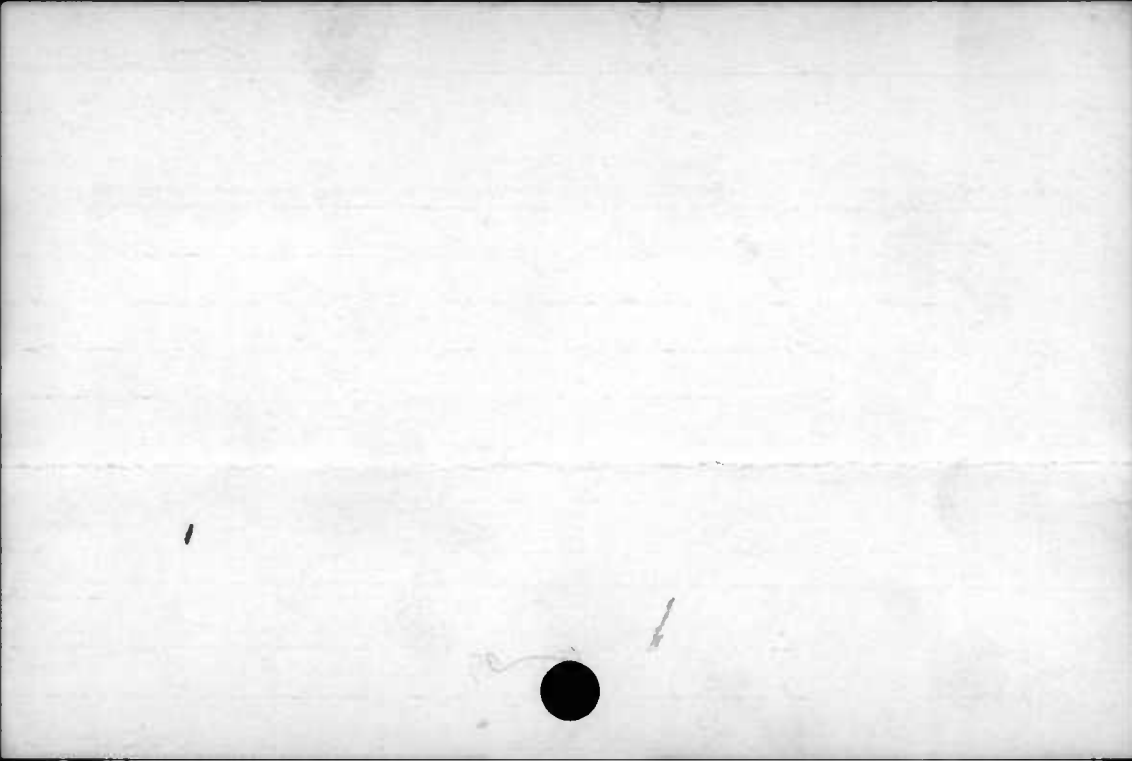
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wm Hope Reprint* *Balti md*Date of death 1902 *Dec* *20* Age *56* Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *—*Married, Single or Widowed *Single* Occupation *none*Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *—*How related to deceased *—*

CAUSES OF DEATH

Primary *Mania Chronic* *68*How long *—*Immediate *Ex-Entero-Colitis (acute)*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery*Address *Wm Hope Reprint*
*Balti md*Accident or Suicide? *—*



Rose Murray

Town

County

Died at

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Dec. 24

Age

14

Maryland

School girl

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Tubercular Peritonitis

How long sick

10 Days

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

W. W. Wimsy M.D. Attending Phys.

Address

1220 E. Fayette St. Balt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Henry Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Suldis Delight		County Balt.		MARYLAND	
Date of death 190		2	Month Dec.	Day 20	Age 40	Years 40	Months —
Sex Male		Color or Race Black		Birth- place Balt. Co. Md			
Married, Single or Widowed Married		Occupation Laborer					
Name of Wife or Husband Pamelia Norris							
Father's Name William Norris		Father's Birthplace Balt. Co.					
Mother's Maiden Name Elizabeth Gross		Mother's Birthplace Not Known					
Name of person giving Information Alexander Campbell		How related to deceased Father in law.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long 5 yrs.
Immediate Tuberculosis	How long 3 months.
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician J. E. Bolte
	Address Hammond Md.
Accident or Suicide?	



Name
in
Full

Charles Ed Geo. Ochs,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanodowns</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i> ^{Month}	<i>Dec.</i> ^{Day}	<i>2</i> ^{Age}	<i>—</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balt Co. Md.</i>			
Married, Single or Widowed	Occupation <i>Infant</i>				
Name of Wife or Husband					
Father's Name <i>Geo. J. Ochs</i>			Father's Birthplace <i>Balt. Md.</i>		
Mother's Maiden Name <i>Leticia Haberkorn</i>			Mother's Birthplace <i>Balt. Md.</i>		
Name of person giving information <i>Geo. J. Ochs</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>—</i>
Immediate <i>Cyanosis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank H. Rubel, M.D.</i>
	Address <i>Lanodowns, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Clarence Ogel

CERTIFICATE OF DEATH

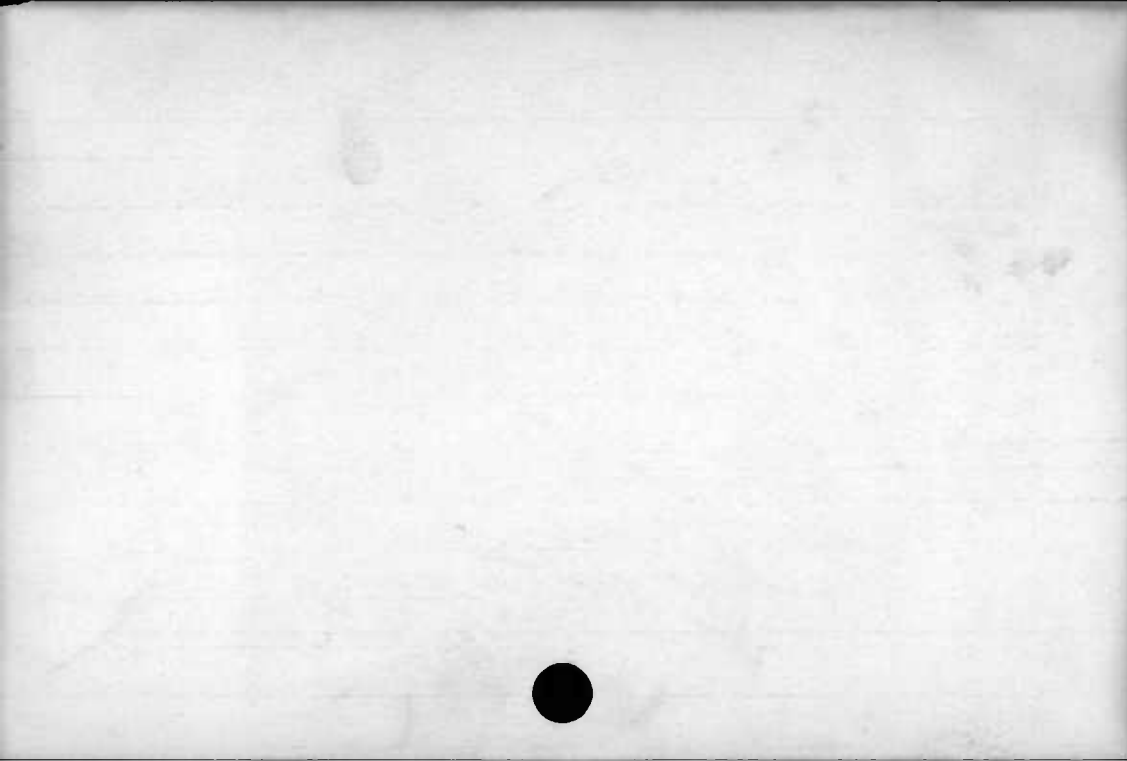
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>12</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>5</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>7</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Robert Ogel</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Annie M. Savage</i>			Mother's Birthplace <i>Baltimore Md</i>		
Name of person giving Information <i>Catherine Savage</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile convulsions</i>	How long <i>One day</i>
Immediate <i>None</i>	How long <i>None</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>August W. Miller - coroner</i>
	Address <i>Bar Williams</i>
Accident or Suicide? <i>None</i>	<i>Baltimore Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Mallery		Town		County		MAYLAND	
Died at Steeles Mountain		Bact.					
Date of death 1907		Month	Day	Age	Year	Months	Days
Male		29		48			
Sex		Race		Birth-place		Ireland.	
Married or Widowed		Occupation		Boiler-maker.			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. M. S. -	
Address		Steeles Mountain	
Accident or Suicide?			



Name In Full

Certificate of Death

Thomas Wilbur Patterson

Died at ^{Town} Cockeysville^{County} Balto

MARYLAND

Date 19 02 ^{Month} Dec ^{Day} 12

Age

Y. M. D. 19

Native of Mo

Occupation

Infant

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Robert Robinson

Mother's

Maiden Name

Julia Patterson

Cause of

Primary

Indigestion

How long sick

2 days

Death

Immediate

Acute Enteritis

~~Accident, Suicide, Homicide~~

Reported by

Dr. B. B. Bauman

Address

Cockeysville

Balto. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Body was buried
at Fort Chaple on
Sunday Dec 24, 1900
by me

Name In Full

Certificate of Death

Thomas Wilbur Patterson

Died at ^{Town} *Cockeysville* ^{County} *Harlow* MARYLAND

Date *1902* ^{Month} *Dec* ^{Day} *12* | ^{Y.} *19* ^{M.} *Mo* | ^{D.} *Mo* | ^{Native of} *Mo* | ^{Occupation} *Infant*

^{Male} *White* ^{Married} *Widow* ^{Divorced} *Widow* ^{Number of children living} *2*

^{Female} *Colored* ^{Single} *Widower*

Husband
of
WifeFather's
Name *Robert Robinson*Mother's
Name *Julia Patterson*

Cause of Death { ^{Primary} *Indigestion* ^{How long sick} *2 days*

^{Immediate} *Gastro Enteritis* ^{Accident, Suicide, Homicide}

Reported by *Dr. W. R. Brown*Address *Cockeysville* *Harlow Mo*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lilie Conrad Perrie

Town

County

Died at

Towson

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec.

10

Age 53

Virginia

X

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

one

Husband of

Wife

A. H. Perrie

Father's

Mother's

Name

Nelson Conrad

Maiden Name

X

Cause of

Primary

Valvular heart disease

How long sick

5 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Lelia H. Powers

Address

Towson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Louisa Jane Pirce
 Died at ^{Town} Sickerlyville ^{County} Balto

MARYLAND

Date 1902 Dec 29 | Age 43.7.23 | Native of Md | Occupation None
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Singlen~~ ~~Widow~~ Number of children living 3

Husband
 of
 Wife

Father's Name Samure Bull Mother's Maiden Name Rose Bull.

Cause of Death { Primary Phtisis 27
 Immediate
 How long sick 4 months
 Accident, Suicide, Homicide

Reported by George E. Enghart M. D.

Address Sickerlyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

to be buried at
Partham Balto Co Ind

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

12

6

Age

14

Balto Co

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Pneumonia

How long sick

19 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Wesley Postcher

Town

County

Canton

Baltimore

MARYLAND

Died at

Date 1902

Month

Day

Dec 13

Age

Y.

M.

D.

1-10-13

Native of

Balti Co

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Phillip W. Postcher

Mother's

Maiden Name

Cause of

Primary

Pneumonia

9th

Death

Immediate

Convulsions

How long sick

6 days

~~Accident, Suicide, Homicide~~

Reported by

A. W. Schrevels M. D.

Address

1013 Canton St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898

Mr. Emma Lee

Kanda Son

Name
in
Full

Rachel Preston

CERTIFICATE OF DEATH

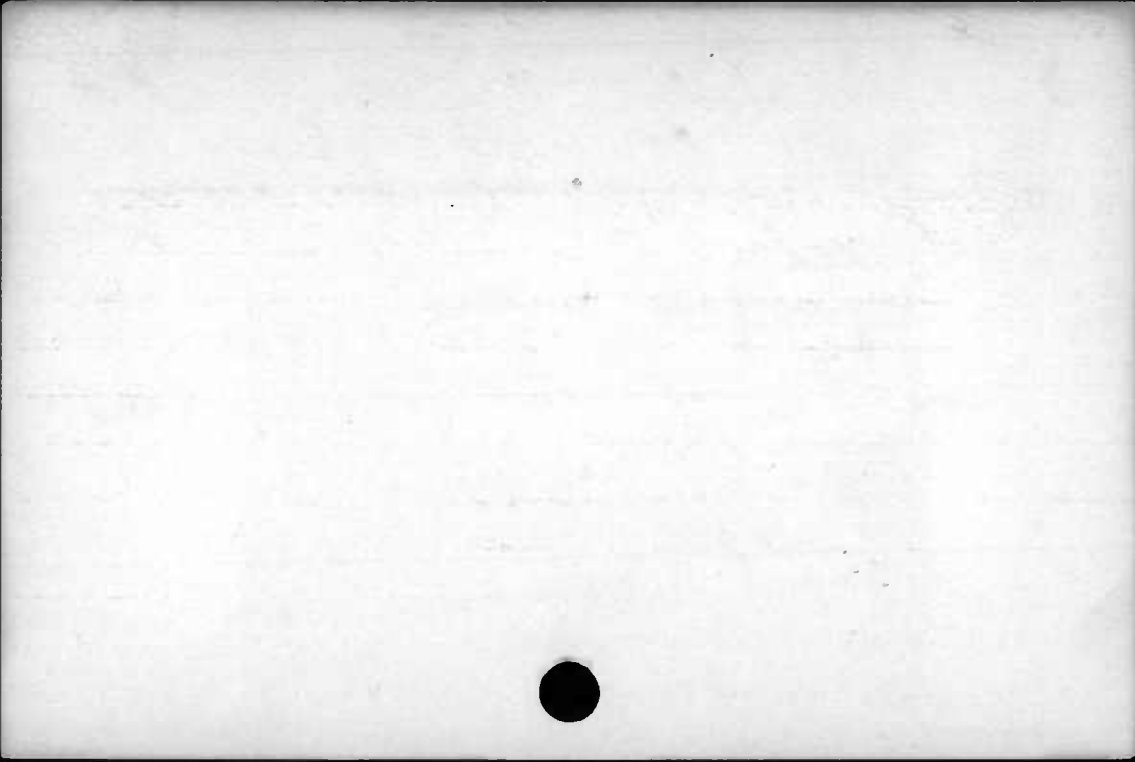
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rogers Station</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>25</i>	Age <i>about 49</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Col'd</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>Cook</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>Self</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>few hours</i>
Immediate <i>Ext -</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry T. Naylor</i>
	Address <i>Pikesville</i>
	<i>Maryland</i>
Accident or Suicide?	



Wm Reed

Died at ^{Town} Sparrow's Point ^{County} Baltimore MARYLAND

Date 1902 ^{Month} Dec. ^{Day} 13 ^{Y.} 70 ^{M.} - ^{D.} - ^{Native of} Va ^{Occupation} Laborer

^{Male} ~~Female~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower ^{Divorced} ~~Number of children living~~ Not known~~

Husband of Mary Reed

Father's Name Mother's Maiden Name

Cause of Death { Primary Epilepsy
Immediate Cerebral Hemorrhage

How long sick
3 years
Accident, Suicide, Homicide

Reported by H. H. Peltokum M.D.

Address Sparrow's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nama in Full

Certificata of Daath

Conrad Ritz

Town

County

Died at *223 Clairmont. Highland*

MARYLAND

Date 1902 Dec 11 Age 69 Y. M. D. Native of Germany Occupation Butcher

Male

White

Married

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Singl~~

~~Widower~~

Number of children living 7 living

Husband

of

50

Father's

Name

Conrad Ritz

Mother's

Maiden Name

Roder

Cause of

Primary

Diabetes Mellitus 4 month

How long sick

Death

Immediate

General Debility

~~Accident, Suicide, Homicide~~

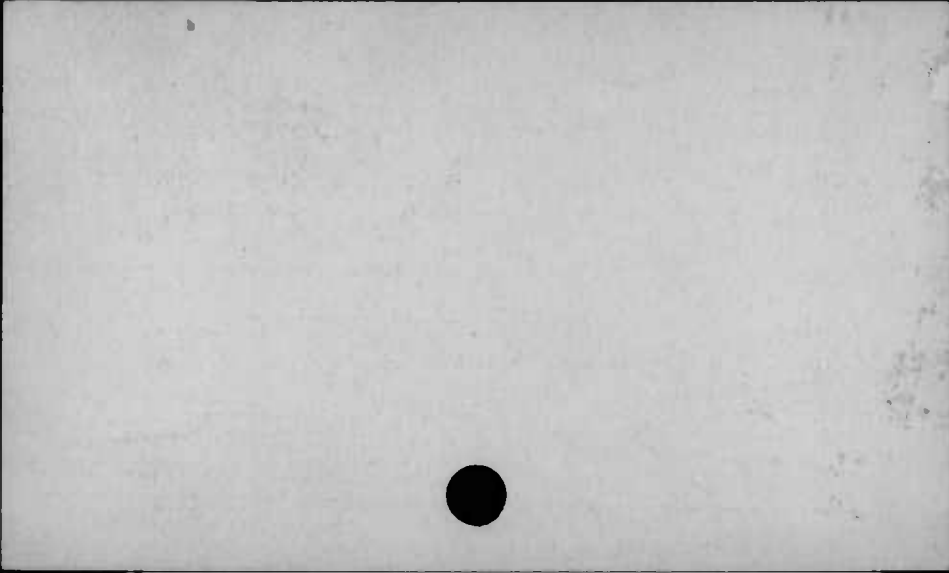
Reported by

A. W. Zimmerman M D

Address

1805 W North ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

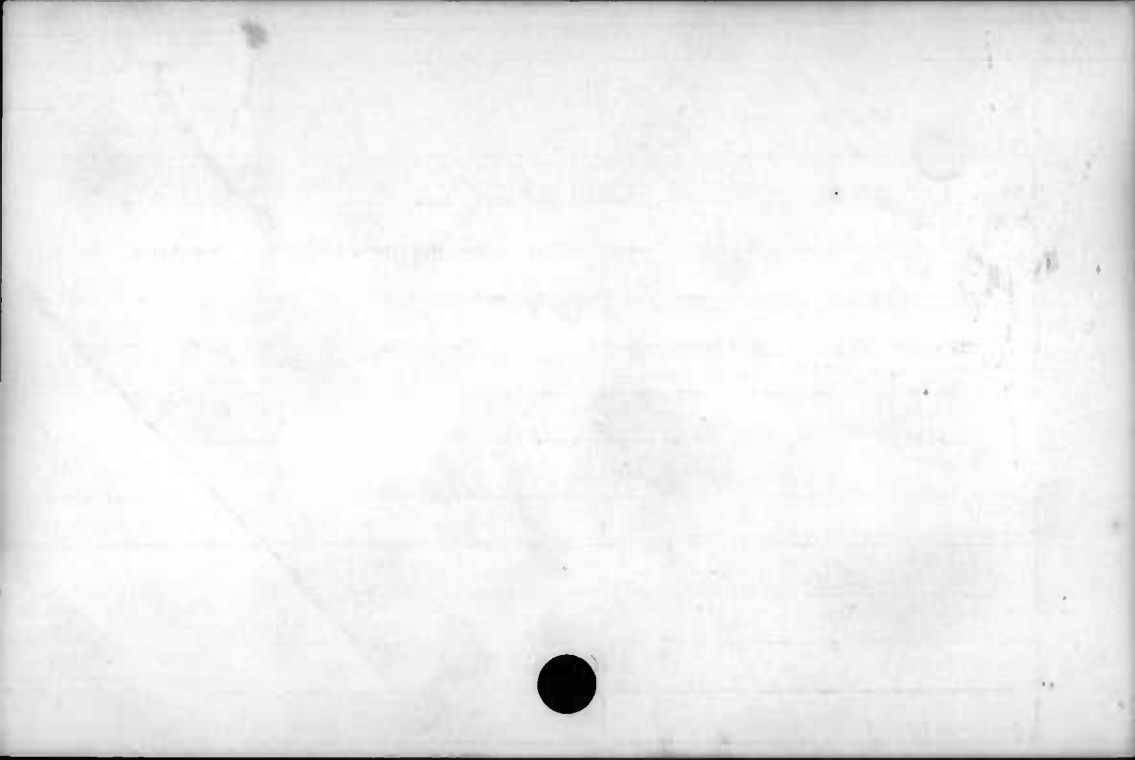
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stagles' Sanitarium</u> ^{Town} <u>Balt.</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Nov.</u> ^{Month}	<u>1st</u> ^{Day}	Age <u>54</u> ^{Years}
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Mass.</u>	Months <u>—</u> Days <u>—</u>
Married, Single or <u>—</u>		Occupation <u>Businessman</u>	
Name of Wife or Husband			
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>—</u>
Immediate	<u>Uræmia</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Th. Ryan M.D.</u>	
		Address	
		<u>Stagles' Sanitarium</u>	
Accident or Suicide?			



Daniel Rocker

Town

County

Died at

Loreley

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 20

Age

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Exposure

How long sick

Immediate

Accident, Suicide, Homicide

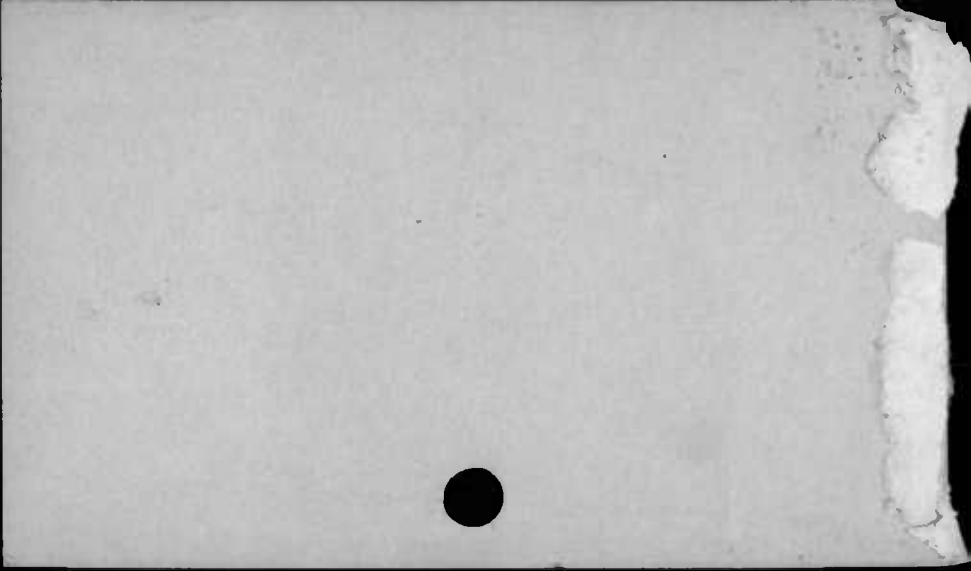
Reported by

Frederick Schurz Coroner

Address

Upper / Falls Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calonsville</u> ^{Town}		<u>Putto</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month}		<u>Dec</u> ^{Day}	<u>16</u> ^{Year}	Age <u>35</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Fireman</u>			
Name of Wife or husband <u>X</u>					
Father's Name <u>X</u>		Father's Birthplace <u>X</u>			
Mother's Maiden Name <u>X</u>		Mother's Birthplace <u>X</u>			
Name of person giving information <u>X</u>		<u>657</u>		How related to deceased <u>X</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Paresis</u>	How long <u>2 years</u>
Immediate <u>Exhaustion</u>	How long <u>3 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. R. Kade</u>
	Address <u>Calonsville, Ind</u>
Accident or Suicide? <u>No</u>	

Return to Belto City first
and buy London Poor Cemetery

Name in Full

Certificate of Death

Name in Full *Mary Elizabeth Schlunderherg*
 Died at *Baltimore* Town *Balto* County *MARYLAND*

Date 1902 *Dec 24* Month *Dec* Day *24* Y. *5* M. *-* D. *21* Native of *Us* Occupation *-*
~~Male~~ White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife

Father's
 Name

Mother's
 Maiden Name *92*

Cause of Death { Primary *Bronchitis Pneumonia* Immediate *Ischaemic* How long sick *8 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr Carmichael

H Sander & Sons

1710 Canton Ave
Balti

Name
in
Full

Alice M. Schofield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamilton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>December</i>	Day <i>26</i>	Years <i>32</i>	Months <i>3</i>	Days <i>17</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
Married, Single <i>Married</i> or Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Alice M. Schofield</i>					
Father's Name <i>Ang. Dickinson</i>				Father's Birthplace <i>Baltimore</i>	
Mother's Maiden Name <i>Presilla Laylor</i>				Mother's Birthplace <i>Warford Co. Md.</i>	
Name of person giving information <i>Chas E. Huelin</i>				How related to deceased <i>Brother in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease of Kidneys & General Dropsy</i>	How long <i>6 hours</i>
Immediate <i>Heart failure</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. F. Corcoran M.D.</i>
	Address <i>Gardenville Ind.</i>
Accident or Suicide? <i>no</i>	



Died at *Sparrow Point* Town *Baltimore* County *MARYLAND*
 Date 19*02* *Dec* *21* Month Day Y. M. D. Age *20* Native of *Md* Occupation _____
Female *White* *Single* *Widow* *Divorced* *Widower* Number of children living _____

Husband of _____
 Wife _____

Father's Name *Geo Scott* Mother's Maiden Name *Lora Pugh*

Cause of Death { Primary *Spasms* Immediate *Exhaustion* 71 How long sick _____
 Accident, Suicide, Homicide _____

Reported by *F B Eldred, M.D.*
 Address *Sparrow Point Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Robert Seibert				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Md. Hospital for Insane		Catonville		County
	Date of death 190		2	Month 12	Day 28	Age 26	Years
	Sex		Male		Color or Race		White
	Married, Single or Widowed		Single		Occupation		None
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		69					How related to deceased

		CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Epileptic Insanity		How long	15 yrs
	Immediate	Status Epilepticus		How long	12 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
	Accident or Suicide?		Address		Percy Wade Md Catonville Md.



Name in Full

Certificate of Death

28

Thos. Shanahan

Town

County

Died at

Glen Arm

Baltimore

MARYLAND

Date 1902

Month Day
Dec. 30

Age

Y. M. D.
- 6 -

Native of

Ind

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

~~Husband~~
of~~Wife~~

Father's

Name

Thos. Shanahan

Mother's

Maiden Name

Anna McGee

Cause of

Primary

Enterocolitis 105

How long sick

2 months

Death

Immediate

11

~~Accident, Suicide, Homicide~~

Reported by

Mrs. L. Green M. S.

Address

Gittings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

CERTIFICATE OF DEATH

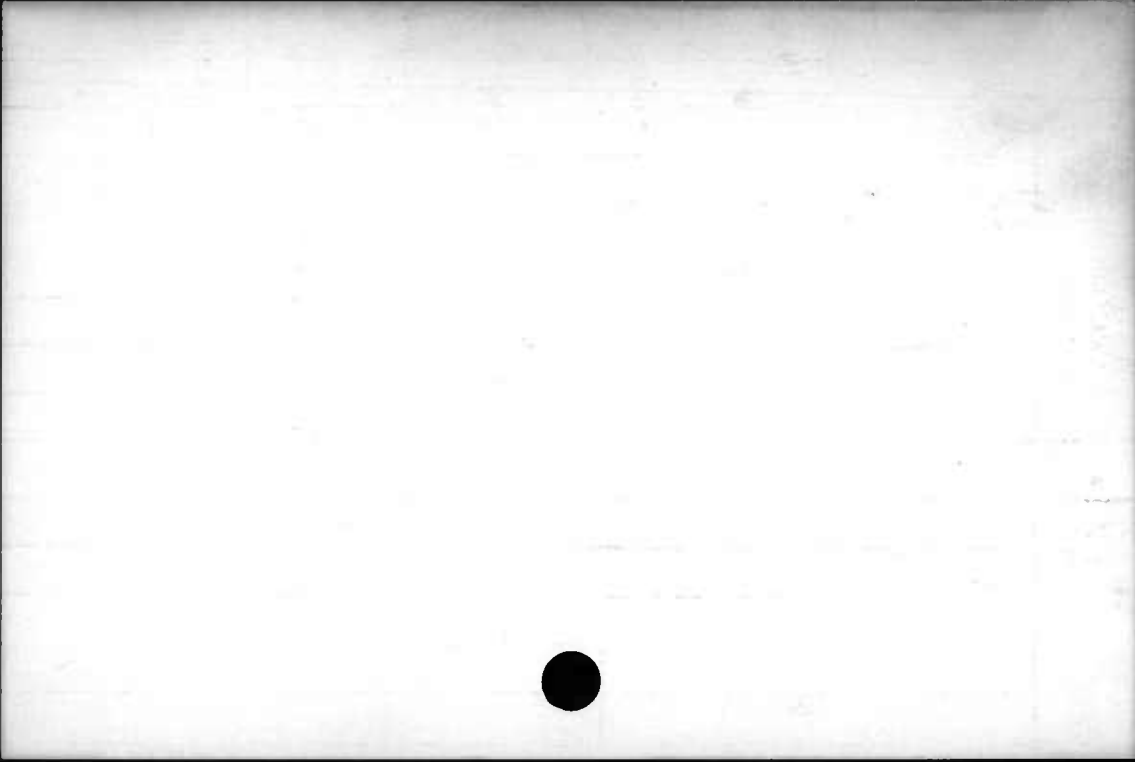
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full		Margaret C Shaw				CERTIFICATE OF DEATH	
Died at		Town Ellicott city		County Baltimore		MARYLAND	
Date of death 1902		Month 12		Day 10		Age 57	
Sex Female		Color or Race White		Birth- place Maryland		Months 7 Days	
Married, Single or Widowed		married		Occupation none			
Name of Wife or Husband		Jacob Shaw					
Father's Name		George Taylor				Father's Birthplace ---	
Mother's Maiden Name		Susan Taylor				Mother's Birthplace ---	
Name of person giving information		Jacob Shaw				How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long 1 day	
Immediate		Heart Failure		How long 1 day	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician M S Schell MD	
				Address 430 W. Mulberry St Baltimore	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

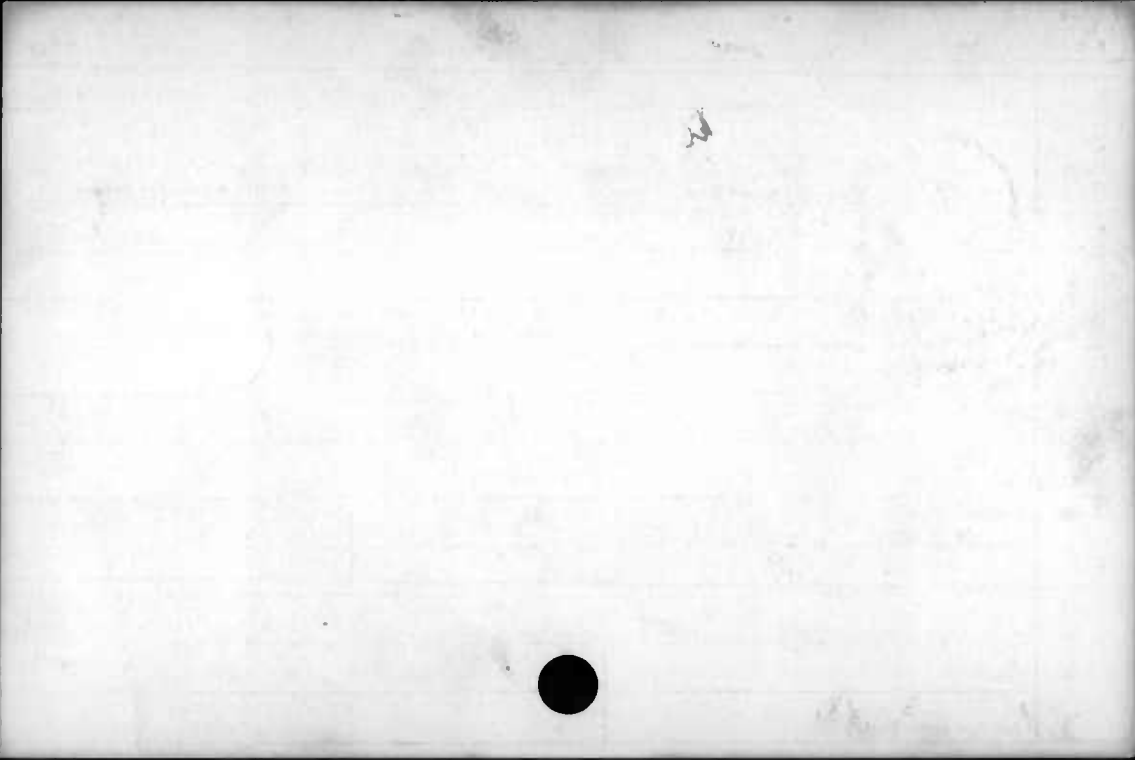
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Johanna Shoop</i>		Town <i>St Agnes</i>		County <i>Balt -</i>		State <i>MARYLAND</i>	
Died at <i>St Agnes' Seminary</i>		Date of death 190 <i>3</i>		Month <i>Dec.</i>		Day <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>87</i>		Months <i>0</i>	
Married, Single or Widowed <i>Single</i>		Birth-place <i>Pennsylvania</i>		Occupation <i>none</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased <i>66</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. J. H. ...</i>	
		Address <i>St Agnes Seminary</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

~~no name~~ Josephine Shriver

Town

County

Died at

Sparrows Point Balto Co Md. MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 14

Age

-

-

14

Md

—

~~Male~~

White

Yes

~~Married~~~~Widow~~~~Divorced~~

Female

yes

~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband of

Wife

Father's

Name

Ernest Schriver

Mother's

Maiden Name

Susan Spangle

Cause of

Primary

Dermatitis & Pneumonia

How long sick

Death

Immediate

asthenia

9 1/2

Accident, Suicide, Homicide

Reported by

F. C. Eldred. M. D.

Address

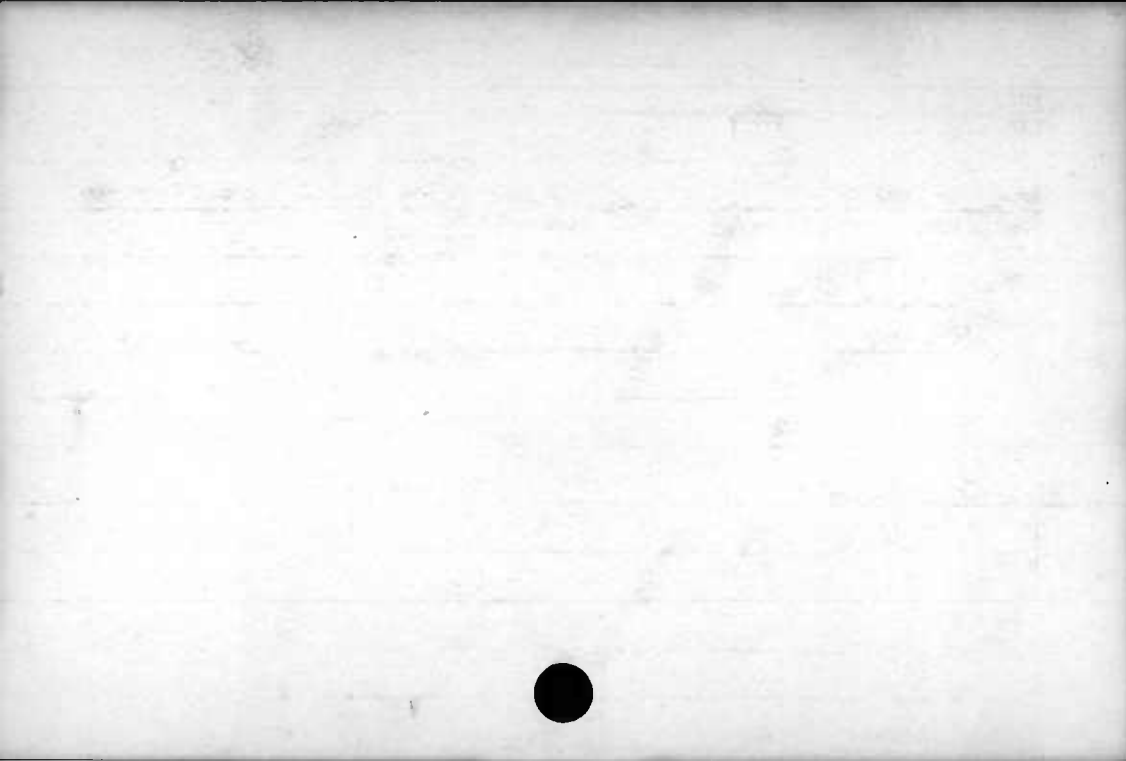
Sparrows

Point Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



CERTIFICATE OF DEATH



Name
in
Full

Charles F. Limins

CERTIFICATE OF DEATH

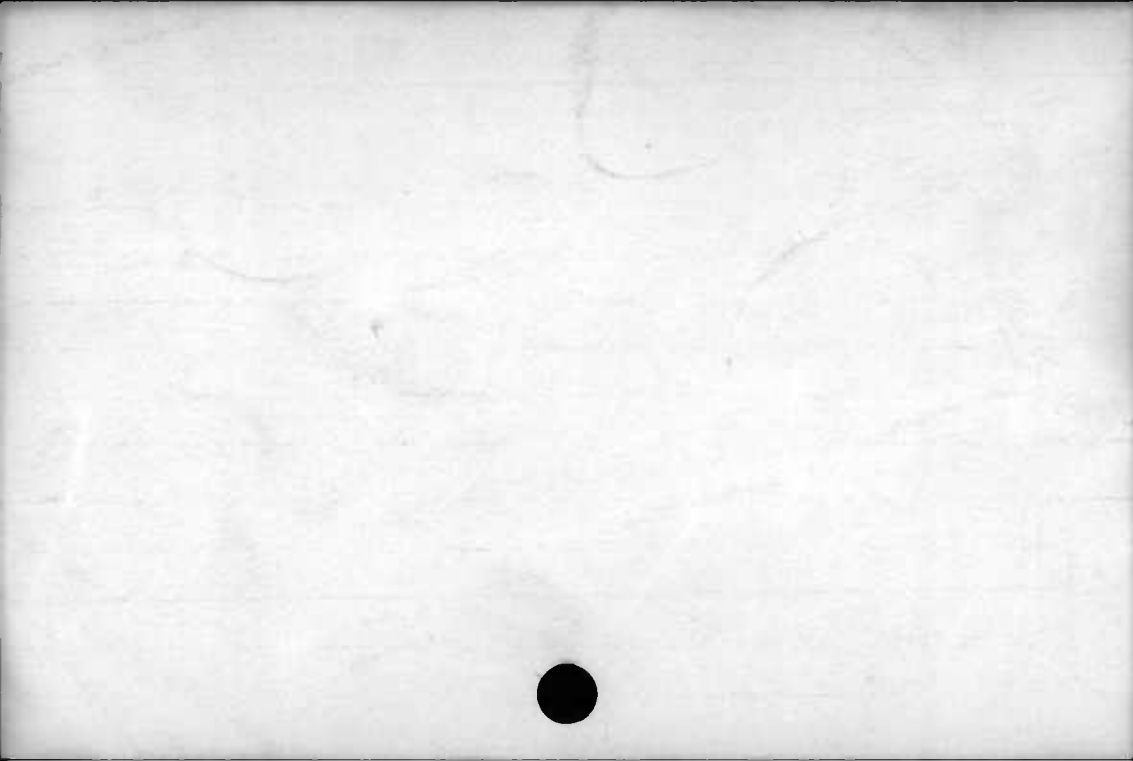
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hullville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>12</u>	Day <u>6</u>	Age <u>—</u>	Months <u>—</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Hullhill Balt to</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Frederick Limins</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Mary E. Brown</u>			Mother's Birthplace <u>Balt. Md</u>		
Name of person giving Information <u>Mary E. Brown</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Failure to close of Foram. Ovale</u>	How long <u>Since Birth</u>
Immediate <u>Asphyxia</u>	How long <u>150</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Coroner - <u>August W. Miller</u>
	Address <u>Mr Winkhaus</u>
Accident or Suicide? <u>—</u>	<u>MD.</u>



Town Towson County Balto. MARYLAND

Died at 1902 Date 189 12 Month 12 Day

Age Y. M. D. Native of Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living

Husband of Wife

Father's Name Thos C Sinclair Mother's Name

Cause of Death { Primary Still Birth Immediate Still Birth

How long sick Accident, Suicide, Homicide ☐

Reported by J. Boyce Green M.D.

Address Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Smith.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Calumet</u> Town		<u>Bath</u> County			
Date of death 190 <u>2</u>	<u>Dec</u> Month	<u>14</u> Day	Age <u>—</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colo</u>		Birth-place <u>Calumet</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Thomas Smith.</u>			Father's Birthplace <u>Howard Co</u>		
Mother's Maiden Name <u>Ellen Chase</u>			Mother's Birthplace <u>Howard Co</u>		
Name of person giving information <u>Wm Henry Chase</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u>—</u>
Immediate	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C L Mansfield</u> Health Officer
<u>For Mr. Sugar</u>	Address <u>Calumet, Ind</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W. W. Smith

Town

County

Died at

Date

of death 190

Month

Day

Years

Age

Months

Days

Sex

Color of
RaceBirth-
place

MARYLAND

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full:

Certificate of Death

Andrew S. Shangler
 Town Canton County Baltimore MARYLAND
 Died at 1902 Month Dec Day 26 Y. 54 M. 7 D. 21 Native of Germany Occupation Contractor
 Date 189 Male White Married ~~Widow~~ ~~Divorced~~ Number of children living 7
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~
 Husband of Elizabeth Shangler
 Father's Name L. Shangler Mother's Name Annie C. Shangler
 Cause of Death Primary Carcinoma of Neck Exhaustion U.S. How long sick 3 Months
 Immediate ~~Accident, Suicide, Homicide~~
 Reported by H. L. Rickard M.D.
 Address 916 Canton St. Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Mount Carmel

Dec 29th 1902

M^r Nicolaus & Son

1820 Canton Ave

Name in Full

Certificate of Death

Herman Conrad Stewart.

Died at ^{Town} Westport, ^{County} Baltimore, MARYLAND

Date 1902 ^{Month} Dec, ^{Day} 6, Age ^{Y.} 2 ^{M.} mos. ^{D.} ^{Native of} Maryland ^{Occupation} none.

Male White ~~Mixed~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Ralph L. Stewart

Mother's Maiden Name

Matilda Anger

Cause of

Primary

Marasmus.

Death

Immediate

asthenia.

105

How long sick

6 weeks.

~~Accident, Suicide, Homicide~~

Reported by

Albert V. Chambers, M.D.

Address

614 S. Pala. St. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



27

Catherine Sullivan,

Town

County

Died at Baldwin Baltimore co.

MARYLAND

Date 1902 Dec. 24 | Age 70 | Native of Ireland | Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living —

Husband of Phillip Sullivan,
 Wife
 Father's Name
 Mother's Name
 Maiden Name

Cause of Death { Primary old age 154
 Immediate Immediate cause heart trouble
 How long sick 6 hours
 Accident, Suicide, Homicide

Reported by John Arthur, Undertaker.
 Address Fork. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>James Sullivan</i>				CERTIFICATE OF DEATH			
	Died at <i>Mt Hope Retreat</i> ^{Town}				<i>Baltimore Co</i> ^{County}			
	Date of death 1902		Month <i>Dec</i>	Day <i>16</i>	Years <i>Age abt 64 yrs</i>	Months	Days	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
	Married, Single or Widowed <i>Married</i>			Occupation <i>Labourer</i>				
	Name of Wife or Husband							
	Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Mania Acroica & Ex. Pul. Congestion</i>		How long
	Immediate <i>Ex</i>		How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Baltimore</i>		
Accident or Suicide? <i>No</i>			



Alice Thomas

Town

County

MARYLAND

Died at

Baltimore

Balto.

Date

1912

Month

Day

Y.

M.

D.

Native of

Occupation

Date

12

1

Age

—

6

—

Wid

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Dave Thomas

Mother's

Name

Lara Thomas

Cause of

Primary

Marasmus

Death

Immediate

Cardiac Asthma

How long sick

105

Accident, Suicide, Homicide

Reported by

J. Ray Green M.D.

Address

Green Wd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jesse C. Vincent.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Lebanonville		County		Bath	
Date of death 190	2	Month	Dec	Day	11	Age	77
Sex	Male		Color or Race	White		Birth- place	Ind
Married, Single or Widowed	Married			Occupation			Machinist
Name of Wife or Husband	Mary Vincent						
Father's Name	Jesse C. Vincent					Father's Birthplace	Ind
Mother's Maiden Name	Annie Vincent					Mother's Birthplace	"
Name of person giving Information	Geo J. Smith					How related to deceased	Nones

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Dementia		How long	12 years
Immediate	Pulm. Tuberculosis		How long	6 mo.
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	W. G. Wade.
			Address	Lebanonville Ind.
Accident or Suicide?	No			

Kindly return at once.

Name
in
Full

Unnamed Infants

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>MT Wiggins</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	2	Month <i>Dec.</i>	Day <i>20</i>	Age Years	Months		Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth- place	<i>MT Wiggins -</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Richard E. Ware</i>				<i>Virginia</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Mary Gambel</i>				<i>A. A. Co. Md.</i>			
Name of person giving In formation				How related to deceased			
<i>Mary Ware</i>				<i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long	<i>—</i>
Immediate	<i>—</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>Yes</i>		<i>Frank H. Ruhl, M.D.</i>	<i>Lonsdowne Md.</i>	
Accident or Suicide?		<i>—</i>		



Name in Full

Certificate of Death

Frank Weiss

Town

County

Died at

Perry Hill

Baltimore.

MARYLAND

Date 1902

Month Day

Dec 15

Y.

M.

D.

Native of

Occupation

Age

9

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Frank Weiss

Mother's

Maiden Name

Margaret Truesdale

Cause of

Primary

Tetanus

qv

How long sick

2 days.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Lillian D. Whiteford
Harrisville Md

M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Wilson

Town

County

Died at *Baltimore**Baltimore*

MARYLAND

Date 1902 December 25

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 December 25

Age

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Mrs John Wilson

Father's Name

Mother's

Name

Maiden Name

Mary Wilson

Cause of

Primary

Killed

How long sick

Death

Immediate

Killed

166

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Martin F. Haley & Sons
Funeral Directors
#606 Lafayette Ave

Name in Full

Certificate of Death

Mary Williams

Died at Reuzie ^{Town} Bald ^{County}

MARYLAND

Date 19 02 ^{Month} Dec ^{Day} 27 ^{Y.} 72 ^{M.} Jan ^{D.} MD ^{Native of} MD ^{Occupation} —

Female ^{Married} Widow ^{Divorced} —

Female ^{Colored} Single ^{Widower} — Number of children living 2

Husband of Addison Williams

Wife

Father's Name

Mother's Name

Maiden Name

Cause of Death { Primary Immediate Heart failure ¹⁷⁹

How long sick

Accident, Suicide, Homicide

Reported by C. V. Wilson MD

Address Rossie MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

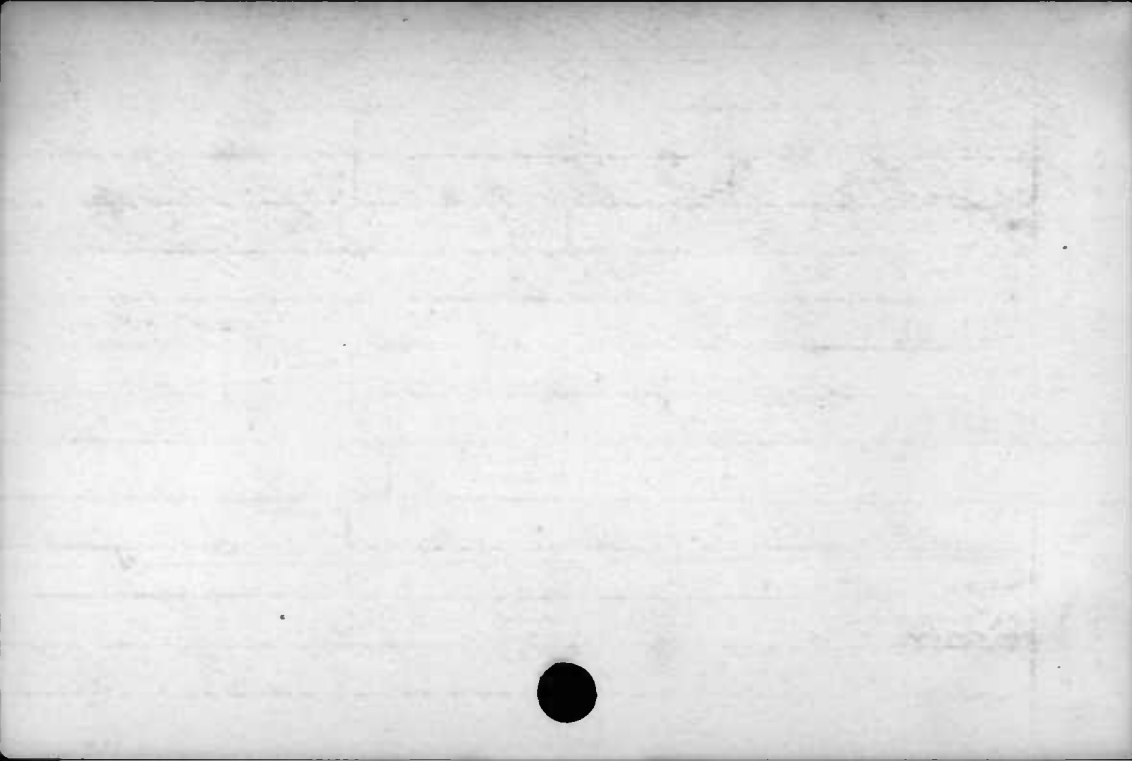
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Registerstown</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>2</i>	Age _____ Years _____	Months _____	Days <i>21</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Co</i>		
Married, Single or Widowed	<i>Single</i>		Occupation _____		
Name of Wife or Husband _____			<i>93</i>		
Father's Name <i>Jacob W. Wolf</i>			Father's Birthplace <i>Balto Co</i>		
Mother's Maiden Name <i>Sarah A. Huedler</i>			Mother's Birthplace <i>York Pa</i>		
Name of person giving information <i>Jacob W. Wolf</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Two days</i>
Immediate <i>Asphyxia</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. M. Blade</i>
	Address <i>Registerstown Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harman F. Wolters*

Died at *Arlington* ^{Town} *Balto.* ^{County}

MARYLAND

Date of death 190*2* ^{Month} *Dec* ^{Day} *28* ^{Years} *41* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *Md.*

Married, Single or Widowed *Single* Occupation *Lawman*

Name of Wife or Husband *—*

Father's Name *Louis Wolters Sr.* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Brother Louis Wolters Jr.* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Alcoholic mania* *56* How long *6 days*

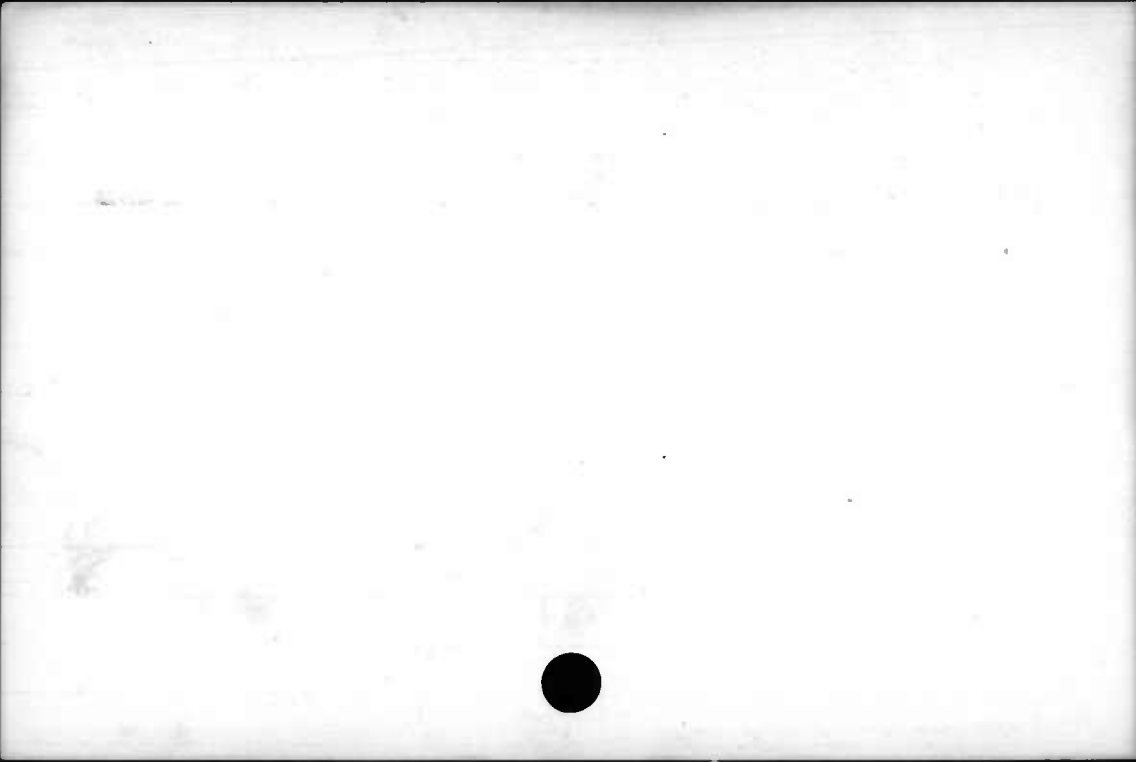
Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. Edwin E. Jones*

Address *Arlington Md*

Accident or Suicide? *—*



Name
in
Full

Savannah

Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pelissville</u> ^{Town}			<u>Balto</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>		Month <u>Dec</u>	Day <u>2</u>	Age <u>77</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Balto co</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>House wife</u>				
Name of Wife or Husband <u>Joseph Wright</u>						
Father's Name <u>Michel Gore</u>				Father's Birthplace <u>Balto co</u>		
Mother's Maiden Name <u>Jane Bernum</u>				Mother's Birthplace <u>—</u>		
Name of person giving information <u>Frank Wright</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>		How long <u>several weeks</u>
Immediate <u>"</u>		How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>M O E Myers</u>
		Address <u>Pelissville Md</u>
Accident or Suicide?		



Name in Full

Certificate of Death

Mary Zachaw

Town

County

of Butts

Died at

Highlandtown

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 10

Age

1 9

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Lavis Zachaw

Mother's

Maiden Name

Catherine Cuenkle

Cause of

Primary

Marasmus

105

How long sick

one month.

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

G. J. Brinkley M.D.

Address

Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1st German Cem

Dec 11th 1902

JP Nicolaus + son

1820 Canton Ave